

**Experiment Number:** 20320 - 04

**Test Type:** CHRONIC

**Route:** GAVAGE

**Species/Strain:** MICE/B6C3F1

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

Tetrabromobisphenol A

CAS Number: 79-94-7

**Date Report Requested:** 01/22/2013

**Time Report Requested:** 10:11:10

**First Dose M/F:** 08/07/07 / 08/06/07

**Lab:** BAT

F1\_M3

**NTP Study Number:** C20320

**Lock Date:** 01/12/2010

**Cage Range:** ALL

**Date Range:** ALL

**Reasons For Removal:** ALL

**Removal Date Range:** ALL

**Treatment Groups:** Include ALL

**Study Gender:** Both

**TDMSE Version:** 3.0.1.0\_004

**PWG Approval Date:** NONE

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## Lab: BAT

## ALIMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

#### I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

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## Lab: BAT

## CARDIOVASCULAR SYSTEM

### Blood Vessel

Heart

# **ENDOCRINE SYSTEM**

### Adrenal Cortex

### Adenoma

## Lymphoma Malignant

M .. Missing tissue

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## Lab: BAT

## **GENERAL BODY SYSTEM**

**NONE**

## **GENITAL SYSTEM**

Coagulating Gland		+		+		
Granular Cell Tumor		X				
Lymphoma Malignant						
Sarcoma, Metastatic, Skin						X
Epididymis	+	+	+	+	+	+
Preputial Gland	+	+	+	+	+	+
Prostate	+	+	+	+	+	+
Lymphoma Malignant						
Seminal Vesicle	+	+	+	+	+	+
Lymphoma Malignant						

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± Tissue examined microscopically

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## Lab: BAT

# ALIMENTARY SYSTEM

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Gallbladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
Intestine Large, Cecum Lymphoma Malignant	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	47
Intestine Large, Colon Lymphoma Malignant	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	47
Intestine Large, Rectum	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	47
Intestine Small, Duodenum	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	47
Intestine Small, Ileum Lymphoma Malignant Peyer's Patch, Lymphoma Malignant	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	47
Intestine Small, Jejunum Adenoma, Multiple Carcinoma	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	47
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Hemangioma						X			X												2
Hepatoblastoma		X					X	X	X	X	X	X	X	X	X	X	X	X	X	X	2
Hepatocellular Adenoma	X	X					X	X	X	X	X	X	X	X	X	X	X	X	X	X	20
Hepatocellular Adenoma, Multiple							X		X												12
Hepatocellular Carcinoma							X								X	X	X	X	X	X	9
Hepatocellular Carcinoma, Multiple																			X		2

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Lab: BAT

B6C3F1 MICE MALE	DAY ON TEST																					* TOTALS	
		0 6 4 0	0 7 3 2	0 7 3 1	0 6 3 0	0 7 3 1	0 6 3 0	0 7 3 2	0 7 3 2	0 7 3 1	0 6 3 0	0 6 3 1	0 6 3 1	0 6 3 2	0 7 3 2	0 7 3 2	0 7 3 0	0 7 3 0	0 7 3 2	0 7 3 4	0 7 3 4	0 7 3 4	
0 mg/kg	ANIMAL ID	0 0 0 0 2 6	0 0 0 0 2 7	0 0 0 0 0 9	0 0 0 0 1 0	0 0 0 0 2 1	0 0 0 0 3 2	0 0 0 0 3 3															
Lymphoma Malignant																			X				1
Mesentery																			+				3
Lymphoma Malignant																			X				1
Pancreas		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Lymphoma Malignant																			X				1
Salivary Glands		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Stomach, Forestomach		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Squamous Cell Papilloma			X																X				5
Stomach, Glandular		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Lymphoma Malignant																			X				1
Tooth		+			+			+		+									+				14
Lymphoma Malignant																			X				1
Odontoma																			X				2

## CARDIOVASCULAR SYSTEM

Blood Vessel	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50

## ENDOCRINE SYSTEM

Adrenal Cortex	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Adenoma																			X				1
Lymphoma Malignant																			X				1

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Lab: BAT

B6C3F1 MICE MALE	DAY ON TEST																					* TOTALS		
		0 6 4 0	0 7 3 2	0 7 3 1	0 6 3 0	0 7 3 1	0 6 3 0	0 7 3 2	0 7 3 2	0 6 3 1	0 6 3 9	0 6 1 9	0 6 1 9	0 6 2 1	0 7 2 2	0 7 3 2	0 7 3 0	0 7 3 2	0 7 3 0	0 7 3 2	0 7 3 4			
0 mg/kg	ANIMAL ID	0 0 0 0 2 6	0 0 0 0 2 7	0 0 0 0 0 9	0 0 0 0 1 0	0 0 0 0 2 1	0 0 0 0 3 2	0 0 0 0 3 3	0 0 0 0 3 3	0 0 0 0 3 3	0 0 0 0 3 4	0 0 0 0 4 5	0 0 0 0 6 7	0 0 0 0 7 8	0 0 0 0 8 9	0 0 0 0 9 0	0 0 0 0 1 2	0 0 0 0 2 3	0 0 0 0 3 4	0 0 0 0 4 5	0 0 0 0 4 6	0 0 0 0 4 7	0 0 0 0 4 8	0 0 0 0 4 9

Adrenal Medulla	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Islets, Pancreatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Parathyroid Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	M	M	+	+	+	+	45
Pituitary Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Thyroid Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50

## GENERAL BODY SYSTEM

NONE

## GENITAL SYSTEM

Coagulating Gland																+							3
Granular Cell Tumor																							1
Lymphoma Malignant																	X						1
Sarcoma, Metastatic, Skin																							1
Epididymis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Preputial Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Prostate	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Lymphoma Malignant																	X						1
Seminal Vesicle	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Lymphoma Malignant																	X						1

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B6C3F1 MICE MALE	DAY ON TEST																										* TOTALS		
		0 6 4 0	0 7 3 2	0 7 3 1	0 6 3 0	0 7 3 1	0 6 3 0	0 7 3 2	0 7 3 2	0 7 3 1	0 6 3 0	0 6 3 1	0 6 3 1	0 6 3 2	0 7 3 2	0 7 3 2	0 7 3 0	0 7 3 0	0 7 3 2	0 7 3 4	0 7 3 2	0 7 3 4	0 7 3 7						
0 mg/kg	ANIMAL ID	0 0 0 0 2 6	0 0 0 0 2 7	0 0 0 0 0 9	0 0 0 0 1 0	0 0 0 0 2 1	0 0 0 0 3 2	0 0 0 0 3 3	0 0 0 0 3 3	0 0 0 0 3 4	0 0 0 0 5	0 0 0 0 6	0 0 0 0 7	0 0 0 0 8	0 0 0 0 9	0 0 0 0 0													
Mammary Gland		M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	0		
Skin		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50			
Keratoacanthoma																												1	
Lymphoma Malignant																												1	
Sarcoma																												1	
<b>MUSCULOSKELETAL SYSTEM</b>																													
Bone		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
<b>NERVOUS SYSTEM</b>																													
Brain		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
<b>RESPIRATORY SYSTEM</b>																													
Lung		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Alveolar/Bronchiolar Adenoma																													4
Alveolar/Bronchiolar Adenoma, Multiple																													2
Alveolar/Bronchiolar Carcinoma																													4
Carcinoma, Metastatic, Harderian Gland																													1
Hepatoblastoma, Metastatic, Liver																													1
Hepatocellular Carcinoma, Metastatic, Liver								X																					5
Lymphoma Malignant																													1
Sarcoma, Metastatic, Skin																													1
Nose		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Trachea		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		

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Lab: BAT

		DAY ON TEST																					
		ANIMAL ID																					
B6C3F1 MICE MALE		0 mg/kg																				* TOTALS	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	7	7	7	7	7	7	7	6	7	7	7	7	7	7	6	6	6	7	7	7	6	7	3
4	3	3	3	3	3	3	3	4	3	3	3	3	3	3	9	1	6	3	3	3	4	3	7
0	2	1	1	2	0	1	1	5	0	0	2	2	1	0	9	9	1	2	2	0	0	2	4
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	5
6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9

## SPECIAL SENSES SYSTEM

Eye	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Harderian Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Adenoma	X																						7
Carcinoma																							1

## URINARY SYSTEM

Kidney	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Alveolar/Bronchiolar Carcinoma, Metastatic, Lung																							1
Lymphoma Malignant																							1
Sarcoma, Metastatic, Skin																							1
Urinary Bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Lymphoma Malignant																							1

## SYSTEMIC LESIONS

Multiple Organ	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Lymphoma Malignant																							3

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## CARDIOVASCULAR SYSTEM

## Blood Vessel

Heart

## Carcinoma, Metastatic, Pancreas

# **ENDOCRINE SYSTEM**

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Lab: BAT

B6C3F1 MICE MALE 250 mg/kg	DAY ON TEST ANIMAL ID																									<b>males (cont...)</b>
		0 6 0 2	0 7 3 2	0 5 2 1	0 6 3 6	0 7 3 4	0 6 3 2	0 7 3 5	0 4 0 3	0 5 9 8	0 7 3 2	0 6 3 3	0 7 3 0	0 5 3 5	0 7 3 1	0 7 2 2	0 6 1 9	0 5 8 9	0 7 3 1	0 6 9 7	0 7 3 2	0 7 2 8				
Adrenal Cortex Carcinoma, Metastatic, Pancreas		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X	
Adrenal Medulla Pheochromocytoma Complex		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Islets, Pancreatic		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Parathyroid Gland		+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	M	+	
Pituitary Gland		+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Thyroid Gland Follicular Cell, Adenoma		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X	

**GENERAL BODY SYSTEM**Peritoneum  
Carcinoma, Metastatic, Pancreas

+

**GENITAL SYSTEM**Coagulating Gland  
Adenoma  
Carcinoma, Metastatic, Pancreas

+

Epididymis  
Carcinoma, Metastatic, Pancreas

X

+

Preputial Gland

X

+

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		DAY ON TEST	males (cont...)																										
B6C3F1 MICE MALE	250 mg/kg		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		ANIMAL ID	6	7	5	6	7	6	7	4	5	7	6	7	6	5	7	7	7	6	5	7	6	5	7	6	5	7	0
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			5	5	5	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	6	7	7	7	7	7	7	7	7
			1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	5	
Prostate			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Seminal Vesicle			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Carcinoma, Metastatic, Pancreas																													
Testes			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Carcinoma, Metastatic, Pancreas																													
<b>HEMATOPOIETIC SYSTEM</b>																													
Bone Marrow			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Hemangiosarcoma			X																										
Lymph Node, Mandibular			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Lymph Node, Mesenteric			+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Carcinoma, Metastatic, Pancreas																													
Lymphoma Malignant			X																										
Spleen			+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Carcinoma, Metastatic, Pancreas													X																
Hemangiosarcoma																													
Rhabdomyosarcoma, Metastatic, Skeletal Muscle																													
Thymus			+	+	+	M	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	M	+	
Carcinoma, Metastatic, Pancreas																													
Rhabdomyosarcoma, Metastatic, Skeletal Muscle																													
<b>INTEGUMENTARY SYSTEM</b>																													
* .. Total animals with tissue examined microscopically; Total animals with tumor																													
+ .. Tissue examined microscopically																													
X .. Lesion present																													
I .. Insufficient tissue																													
M .. Missing tissue																													
A .. Autolysis precludes evaluation																													
BLANK .. Not examined microscopically																													

**Experiment Number:** 20320 - 04

**Test Type: CHRONIC**

## **Route: GAVAGE**

**Species/Strain:** MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

## Tetrabromobisphenol A

CAS Number: 79-94-7

**Date Report Requested:** 01/22/2013

**Time Report Requested:** 10:11:10

**First Dose M/F:** 08/07/07 / 08/06/07

## Lab: BAT

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

#### I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

		DAY ON TEST	males (cont...)																														
B6C3F1 MICE MALE	250 mg/kg		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
		ANIMAL ID	6	7	5	6	7	6	7	4	5	7	6	7	6	5	7	7	7	6	5	7	6	5	7	6	5	7	6	5	7	0	
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
			5	5	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	
			1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	7	7	7	
Nose			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Trachea			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
<b>SPECIAL SENSES SYSTEM</b>																																	
Eye			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Harderian Gland			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Adenoma																																	
Carcinoma																																X	
<b>URINARY SYSTEM</b>																																	
Kidney			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Renal Tubule, Adenoma																																	
Urinary Bladder			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Carcinoma, Metastatic, Pancreas																																	
<b>SYSTEMIC LESIONS</b>																																	
Multiple Organ			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Lymphoma Malignant																																	X

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**Experiment Number:** 20320 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 01/22/2013

**Test Type: CHRONIC**

## **Route: Gavage**

**Species/Strain:** MICE/B6C3F1

## Tetrabromobisphenol A

CAS Number: 79-94-7

**Time Report Requested:** 10:11:10

**First Dose M/F:** 08/07/07 / 08/06/07

## Lab: BAT

# ALIMENTARY SYSTEM

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Gallbladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	46
Carcinoma, Metastatic, Pancreas																		X				1
Intestine Large, Cecum	A	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	X	+	44
Carcinoma, Metastatic, Pancreas																		X				1
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	46
Carcinoma, Metastatic, Pancreas																						1
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	46
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	A	41
Carcinoma, Metastatic, Pancreas																		X				1
Intestine Small, Ileum	A	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	X	A	43
Carcinoma, Metastatic, Pancreas																		X				1
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	A	+	44
Carcinoma																						1
Lymphoma Malignant																						1
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Carcinoma, Metastatic, Pancreas																		X				2
Hemangiosarcoma																				X		4
Hepatoblastoma																				X		11
Hepatocellular Adenoma	X																			X		13
Hepatocellular Adenoma, Multiple		X	X	X																X		20

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

#### I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

B6C3F1 MICE MALE	DAY ON TEST																									* TOTALS	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
250 mg/kg	ANIMAL ID	6	7	7	7	7	7	7	7	4	7	6	7	7	7	7	6	6	7	7	4	6	7	7	1	* TOTALS	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
		7	7	7	7	8	8	8	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9	9	0	
		6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	
Hepatocellular Carcinoma		X	X			X		X																			11
Hepatocellular Carcinoma, Multiple																											4
Osteosarcoma, Metastatic, Skin																											1
Rhabdomyosarcoma, Metastatic, Skeletal Muscle																											1
Sarcoma																											1
Mesentery																											3
Carcinoma, Metastatic, Pancreas																											1
Pancreas		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Acinus, Carcinoma																											2
Salivary Glands		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Stomach, Forestomach		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49	
Stomach, Glandular		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Carcinoma, Metastatic, Pancreas																											1
Tooth																											9
Odontoma																											1

## CARDIOVASCULAR SYSTEM

Blood Vessel	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Carcinoma, Metastatic, Pancreas																											1

## ENDOCRINE SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

B6C3F1 MICE MALE	DAY ON TEST																						* TOTALS		
		0 6 0 8	0 7 3 2	0 7 3 2	0 7 3 0	0 7 3 0	0 7 3 2	0 7 3 2	0 7 3 6	0 7 3 2	0 7 3 4	0 7 3 2	0 7 3 2	0 7 3 0	0 7 3 1	0 7 3 7	0 7 3 2	0 7 3 2	0 7 3 0	0 7 3 3	0 7 3 3	0 7 3 3			
250 mg/kg	ANIMAL ID	0 0 0 0 7 6	0 0 0 0 7 7	0 0 0 0 8 8	0 0 0 0 8 9	0 0 0 0 8 0	0 0 0 0 8 1	0 0 0 0 8 2	0 0 0 0 8 3	0 0 0 0 8 4	0 0 0 0 8 5	0 0 0 0 8 6	0 0 0 0 8 7	0 0 0 0 8 8	0 0 0 0 8 9	0 0 0 0 9 0	0 0 0 0 9 1	0 0 0 0 9 2	0 0 0 0 9 3	0 0 0 0 9 4	0 0 0 0 9 5	0 0 0 0 9 6	0 0 0 0 9 7	0 0 0 0 9 8	0 0 0 0 9 9
Adrenal Cortex Carcinoma, Metastatic, Pancreas		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 1		
Adrenal Medulla Pheochromocytoma Complex		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 1		
Islets, Pancreatic		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Parathyroid Gland		M	+	+	+	+	+	+	+	M	+	M	+	+	+	M	M	+	+	+	+	+	43		
Pituitary Gland		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48		
Thyroid Gland Follicular Cell, Adenoma		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 1		
<b>GENERAL BODY SYSTEM</b>																									
Peritoneum Carcinoma, Metastatic, Pancreas																								+	2 1
<b>GENITAL SYSTEM</b>																									
Coagulating Gland Adenoma Carcinoma, Metastatic, Pancreas														+	+									4 1 2	
Epididymis Carcinoma, Metastatic, Pancreas		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 2		
Preputial Gland		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**Experiment Number:** 20320 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

## Route: GAVAGE

**Species/Strain:** MICE/B6C3F1

**Date Report Requested:** 01/22/2013

**Time Report Requested:** 10:11:10

**First Dose M/F:** 08/07/07 / 08/06/07

Lab: BAT

# **INTEGUMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**Experiment Number:** 20320 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

## Route: GAVAGE

**Species/Strain:** MICE/B6C3F1

**Date Report Requested:** 01/22/2013

**Time Report Requested:** 10:11:10

**First Dose M/F:** 08/07/07 / 08/06/07

## Lab: BAT

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

#### I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04  
 Test Type: CHRONIC  
 Route: GAVAGE  
 Species/Strain: MICE/B6C3F1

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Tetrabromobisphenol A  
 CAS Number: 79-94-7

Date Report Requested: 01/22/2013  
 Time Report Requested: 10:11:10  
 First Dose M/F: 08/07/07 / 08/06/07  
 Lab: BAT

B6C3F1 MICE MALE	250 mg/kg	DAY ON TEST																									* TOTALS			
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
		ANIMAL ID	0	6	0	8	0	3	0	2	0	0	3	0	2	0	0	3	0	2	0	0	3	0	2	0				
			0	7	7	7	7	7	7	7	4	7	6	7	7	7	7	7	7	7	6	6	7	7	4	6	7			
			0	3	3	3	3	3	0	3	3	2	3	7	1	3	3	3	3	5	8	3	3	7	1	1	1			
			8	2	2	1	2	0	0	0	2	6	2	3	4	2	2	0	1	7	7	2	2	0	3	3	3			
Nose			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Trachea			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
<b>SPECIAL SENSES SYSTEM</b>																														
Eye			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Harderian Gland			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Adenoma		X																											3	
Carcinoma																													1	
<b>URINARY SYSTEM</b>																														
Kidney			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Renal Tubule, Adenoma																													1	
Urinary Bladder			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Carcinoma, Metastatic, Pancreas																													1	
<b>SYSTEMIC LESIONS</b>																														
Multiple Organ			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Lymphoma Malignant																													1	

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04  
 Test Type: CHRONIC  
 Route: GAVAGE  
 Species/Strain: MICE/B6C3F1

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Tetrabromobisphenol A  
 CAS Number: 79-94-7

Date Report Requested: 01/22/2013  
 Time Report Requested: 10:11:10  
 First Dose M/F: 08/07/07 / 08/06/07  
 Lab: BAT

B6C3F1 MICE MALE	500 mg/kg	DAY ON TEST																									males (cont...)
			07	05	07	07	05	07	07	07	05	07	07	05	07	07	06	07	07	07	06	07	07	07	07	07	
		ANIMAL ID	1	8	1	1	1	3	1	1	1	7	2	1	5	0	2	1	1	3	2	0	4	1	2		
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
			0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2
			1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5

### ALIMENTARY SYSTEM

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Gallbladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Intestine Large, Cecum Carcinoma	+	+	+	+	+	A	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	
						X																					
Intestine Large, Colon Adenoma Carcinoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Intestine Small, Duodenum	+	+	+	+	+	A	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Intestine Small, Jejunum Carcinoma Lymphoma Malignant	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
						X																					
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Hemangiosarcoma																											
Hepatoblastoma																											
Hepatocellular Adenoma																											
Hepatocellular Adenoma, Multiple	X																										
Hepatocellular Carcinoma		X	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Hepatocellular Carcinoma, Multiple																											
Histiocytic Sarcoma																											

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

		DAY ON TEST	0 7 3 1	0 5 6 8	0 7 3 1																							
		ANIMAL ID	0 0 1 0 1	0 0 1 0 2	0 0 1 0 3	0 0 1 0 5	0 0 1 0 6	0 0 1 0 7	0 0 1 0 8	0 0 1 0 9	0 0 1 1 0	0 0 1 1 1	0 0 1 1 2	0 0 1 1 3	0 0 1 1 4	0 0 1 1 5	0 0 1 1 6	0 0 1 1 7	0 0 1 1 8	0 0 1 1 9	0 0 1 1 0	0 0 1 1 1	0 0 1 1 2	0 0 1 1 3	0 0 1 1 4	0 0 1 1 5	0 0 1 1 6	0 0 1 1 7
<b>B6C3F1 MICE MALE</b>																												
<b>500 mg/kg</b>																												
Lymphoma Malignant			X																									
Mesentery																												
Fat, Hepatocellular Carcinoma, Metastatic, Liver																												
Pancreas			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Salivary Glands			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Histiocytic Sarcoma																												
Stomach, Forestomach			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Squamous Cell Papilloma																												
Stomach, Glandular			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Tooth			+		+																							
<b>CARDIOVASCULAR SYSTEM</b>																												
Blood Vessel																												
Heart																												
<b>ENDOCRINE SYSTEM</b>																												
Adrenal Cortex																												
Histiocytic Sarcoma																												
Adrenal Medulla																												

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04  
Test Type: CHRONIC  
Route: GAVAGE  
Species/Strain: MICE/B6C3F1

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
Tetrabromobisphenol A  
CAS Number: 79-94-7

Date Report Requested: 01/22/2013  
Time Report Requested: 10:11:10  
First Dose M/F: 08/07/07 / 08/06/07  
Lab: BAT

B6C3F1 MICE MALE	DAY ON TEST	males (cont...)																									
		07	05	07	07	05	07	07	05	07	05	07	05	07	07	06	07	07	06	07	07	07	07	07			
500 mg/kg	ANIMAL ID	31	8	1	1	1	3	1	1	1	7	2	1	5	0	2	1	1	3	1	2	3	4	1	2		
		00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00		
		11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11		
		00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00		
		12	23	34	45	56	67	78	89	00	11	22	33	44	55	66	77	88	99	00	11	22	33	44	55		
Islets, Pancreatic		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Parathyroid Gland		+	+	+	+	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	M	
Pituitary Gland		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	M		
Thyroid Gland		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
<b>GENERAL BODY SYSTEM</b>																											
NONE																											
<b>GENITAL SYSTEM</b>																											
Coagulating Gland																											+
Epididymis		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Preputial Gland		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Histiocytic Sarcoma		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Prostate		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Seminal Vesicle		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Testes		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
<b>HEMATOPOIETIC SYSTEM</b>																											
Bone Marrow		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Hemangiosarcoma															X												

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04  
 Test Type: CHRONIC  
 Route: GAVAGE  
 Species/Strain: MICE/B6C3F1

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Tetrabromobisphenol A  
 CAS Number: 79-94-7

Date Report Requested: 01/22/2013  
 Time Report Requested: 10:11:10  
 First Dose M/F: 08/07/07 / 08/06/07  
 Lab: BAT

		DAY ON TEST	males (cont...)																								
B6C3F1 MICE MALE	500 mg/kg		0731	0568	0733	0733	0513	0731	0731	0731	0572	0731	0532	0731	0731	0631	0732	0730	0764	0732	0764	0732	0730	0764	0732	0764	
		ANIMAL ID	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011	
Histiocytic Sarcoma																											
Lymph Node																											
Hepatocellular Carcinoma, Metastatic, Liver																											
Axillary, Lymphoma Malignant																											
Lumbar, Lymphoma Malignant																											
Renal, Lymphoma Malignant																											
Lymph Node, Mandibular			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Lymphoma Malignant																											
Lymph Node, Mesenteric			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Hemangiosarcoma, Metastatic, Spleen																											
Histiocytic Sarcoma																											
Lymphoma Malignant																											
Spleen			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Hemangioma			X																								
Hemangiosarcoma				X																							
Histiocytic Sarcoma					X																						
Lymphoma Malignant						X																					
Thymus			+	+	+	+	+	+	+	+	+	M	+	+	M	M	+	M	+	+	+	M	+	+	M	+	+
<b>INTEGUMENTARY SYSTEM</b>																											
Mammary Gland			M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
Skin			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Hemangiosarcoma																											
Histiocytic Sarcoma																											

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

Date Report Requested: 01/22/2013

Test Type: CHRONIC

Tetrabromobisphenol A

Time Report Requested: 10:11:10

Route: GAVAGE

CAS Number: 79-94-7

First Dose M/F: 08/07/07 / 08/06/07

Species/Strain: MICE/B6C3F1

Lab: BAT

<b>B6C3F1 MICE MALE</b>  <b>500 mg/kg</b>	ANIMAL ID	0 7 3 1	0 5 6 8	0 7 3 1																			
		0 0 1 0 1																					
		0 0 1 0 1																					
		0 1 0 1	0 2 0 3	0 3 0 4	0 4 0 5	0 5 0 6	0 6 0 7	0 7 0 8	0 8 0 9	0 9 0 0	0 1 0 1	0 2 0 2	0 3 0 3	0 4 0 4	0 5 0 5	0 6 0 6	0 7 0 7	0 8 0 8	0 9 0 9	0 0 0 0	0 1 0 1	0 2 0 2	
		1 2	3 4	4 5	5 6	6 7	7 8	8 9	9 0	0 1	1 2	2 3	3 4	4 5	5 6	6 7	7 8	8 9	9 0	0 1	1 2	2 3	3 4

**males  
(cont...)**

Melanoma Benign

**MUSCULOSKELETAL SYSTEM**

Bone

Vertebra, Hemangiosarcoma

+ +

Skeletal Muscle

Histiocytic Sarcoma

**NERVOUS SYSTEM**

Brain

+ +

**RESPIRATORY SYSTEM**

Lung

Alveolar/Bronchiolar Adenoma

+ +

X

Alveolar/Bronchiolar Carcinoma

X

Hepatoblastoma, Metastatic, Liver

X

Hepatocellular Carcinoma, Metastatic, Liver

X

Serosa, Hemangiosarcoma

X

Nose

Histiocytic Sarcoma

+ +

Trachea

+ +

**SPECIAL SENSES SYSTEM**

Eye

+ +

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

**B6C3F1 MICE MALE  
500 mg/kg**

| DAY ON TEST        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                    | 7 | 5 | 7 | 7 | 7 | 5 | 7 | 7 | 7 | 7 | 5 | 7 | 7 | 5 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 6 | 7 | 7 |
| ANIMAL ID          | 3 | 6 | 3 | 3 | 3 | 1 | 3 | 3 | 3 | 7 | 3 | 3 | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 1 | 3 | 2 | 3 | 3 | 2 | 3 | 3 |
|                    | 1 | 8 | 1 | 1 | 1 | 1 | 3 | 1 | 1 | 1 | 7 | 2 | 1 | 5 | 0 | 2 | 1 | 1 | 3 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 2 |
|                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                    | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
|                    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 5 |   |
| Harderian Gland    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |
| Carcinoma          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**males  
(cont...)**

Harderian Gland

+ + + + + + + + X

Adenoma

Carcinoma

Lymphoma Malignant

X

**URINARY SYSTEM**

Kidney

+ +

Histiocytic Sarcoma

X

Lymphoma Malignant

X

Renal Tubule, Adenoma

Urinary Bladder

+ +

**SYSTEMIC LESIONS**

Multiple Organ

+ +

Histiocytic Sarcoma

X

Lymphoma Malignant

X

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

| B6C3F1 MICE MALE | 500 mg/kg | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |
|------------------|-----------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                  |           |             | 0<br>7<br>3<br>2      | 0<br>7<br>1<br>4      | 0<br>5<br>3<br>0      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>0      | 0<br>6<br>3<br>8      | 0<br>7<br>3<br>2      | 0<br>6<br>3<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      |                       |                       |
| ANIMAL ID        |           |             | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>2<br>0 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>2<br>3 | 0<br>0<br>1<br>2<br>4 | 0<br>0<br>1<br>2<br>5 | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>2<br>0 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>2<br>3 | 0<br>0<br>1<br>2<br>4 | 0<br>0<br>1<br>2<br>5 | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>7 |                       |                       |                       |
|                  |           |             | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>2<br>0 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>2<br>3 | 0<br>0<br>1<br>2<br>4 | 0<br>0<br>1<br>2<br>5 | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>2<br>0 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>2<br>3 | 0<br>0<br>1<br>2<br>4 | 0<br>0<br>1<br>2<br>5 | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>2<br>0 |

## ALIMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|
| Esophagus   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Gallbladder   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Intestine Large, Cecum<br>Carcinoma                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | 47 |    |
| Intestine Large, Colon<br>Adenoma<br>Carcinoma              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Intestine Large, Rectum                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Intestine Small, Duodenum                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |    |
| Intestine Small, Ileum                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Intestine Small, Jejunum<br>Carcinoma<br>Lymphoma Malignant | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |    |
| Liver   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Hemangiosarcoma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |    | 3  |
| Hepatoblastoma  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 8  |
| Hepatocellular Adenoma                                      |   |   |   | X |   | X |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 10 |
| Hepatocellular Adenoma, Multiple                            | X | X |   |   | X | X |   | X |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |    | 28 |
| Hepatocellular Carcinoma                                    |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 12 |
| Hepatocellular Carcinoma, Multiple                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 5  |
| Histiocytic Sarcoma   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

|   | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |          |
|---|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|   |             | 0<br>7                | 0<br>7                | 0<br>5                | 0<br>7                | 0<br>5                | 0<br>7                | 0<br>6                | 0<br>7                | 0<br>7                | 0<br>7                |                       |          |
| B6C3F1 MICE MALE                                    |             | 3<br>1<br>2           | 4<br>3<br>2           | 5<br>3<br>1           | 7<br>3<br>2           | 7<br>3<br>1           | 7<br>3<br>0           | 7<br>3<br>2           | 7<br>3<br>0           | 7<br>3<br>1           | 7<br>3<br>2           | 7<br>3<br>1           | 7<br>3<br>2           | 7<br>3<br>1           | 7<br>3<br>2           | 7<br>3<br>2           | 7<br>3<br>0           | 8<br>6<br>8           | 7<br>6<br>0           | 7<br>6<br>2           | 7<br>3<br>2           | 7<br>3<br>1           |                       |          |
| 500 mg/kg   |             | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>3<br>0 | 0<br>0<br>1<br>3<br>1 | 0<br>0<br>1<br>3<br>2 | 0<br>0<br>1<br>3<br>3 | 0<br>0<br>1<br>3<br>4 | 0<br>0<br>1<br>3<br>5 | 0<br>0<br>1<br>3<br>6 | 0<br>0<br>1<br>3<br>7 | 0<br>0<br>1<br>3<br>8 | 0<br>0<br>1<br>3<br>9 | 0<br>0<br>1<br>4<br>0 | 0<br>0<br>1<br>4<br>1 | 0<br>0<br>1<br>4<br>2 | 0<br>0<br>1<br>4<br>3 | 0<br>0<br>1<br>4<br>4 | 0<br>0<br>1<br>4<br>5 | 0<br>0<br>1<br>4<br>6 | 0<br>0<br>1<br>4<br>7 | * TOTALS |
| Lymphoma Malignant                                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |
| Mesentery   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4                     |          |
| Fat, Hepatocellular Carcinoma, Metastatic,<br>Liver |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |
| Pancreas  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Salivary Glands                                     |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Histiocytic Sarcoma                                 |             | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |
| Stomach, Forestomach                                |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Squamous Cell Papilloma                             |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |
| Stomach, Glandular                                  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Tooth   |             | +                     |                       | +                     | +                     |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 9                     |          |
| <b>CARDIOVASCULAR SYSTEM</b>                        |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Blood Vessel  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Heart   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| <b>ENDOCRINE SYSTEM</b>                             |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Adrenal Cortex                                      |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
| Histiocytic Sarcoma                                 |             | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |
| Adrenal Medulla                                     |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04  
 Test Type: CHRONIC  
 Route: GAVAGE  
 Species/Strain: MICE/B6C3F1

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Tetrabromobisphenol A  
 CAS Number: 79-94-7

Date Report Requested: 01/22/2013  
 Time Report Requested: 10:11:10  
 First Dose M/F: 08/07/07 / 08/06/07  
 Lab: BAT

| B6C3F1 MICE MALE   | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |
|--------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                    |             | 0<br>7<br>3<br>2      | 0<br>7<br>1<br>4      | 0<br>5<br>4<br>3      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      |                       |                       |
| 500 mg/kg          | ANIMAL ID   | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>3<br>0 | 0<br>0<br>1<br>3<br>1 | 0<br>0<br>1<br>3<br>2 | 0<br>0<br>1<br>3<br>3 | 0<br>0<br>1<br>3<br>4 | 0<br>0<br>1<br>3<br>5 | 0<br>0<br>1<br>3<br>6 | 0<br>0<br>1<br>3<br>7 | 0<br>0<br>1<br>3<br>8 | 0<br>0<br>1<br>3<br>9 | 0<br>0<br>1<br>4<br>0 | 0<br>0<br>1<br>4<br>1 | 0<br>0<br>1<br>4<br>2 | 0<br>0<br>1<br>4<br>3 | 0<br>0<br>1<br>4<br>4 | 0<br>0<br>1<br>4<br>5 | 0<br>0<br>1<br>4<br>6 | 0<br>0<br>1<br>4<br>7 |
| Islets, Pancreatic |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |                       |
| Parathyroid Gland  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |                       |
| Pituitary Gland    |             | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |                       |
| Thyroid Gland      |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |                       |

## GENERAL BODY SYSTEM

NONE

## GENITAL SYSTEM

|                     |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|---------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Coagulating Gland   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Epididymis          |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Preputial Gland     |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Histiocytic Sarcoma |  | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Prostate            |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Seminal Vesicle     |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Testes              |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |

## HEMATOPOIETIC SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hemangiosarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

|                             |           | DAY ON TEST                                 | 0<br>7<br>3<br>2      | 0<br>7<br>1<br>4      | 0<br>5<br>4<br>3      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>0      | 0<br>6<br>6<br>8      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      |                       |                       |          |
|-----------------------------|-----------|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                             |           | ANIMAL ID                                   | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>3<br>9 | 0<br>0<br>1<br>3<br>0 | 0<br>0<br>1<br>3<br>1 | 0<br>0<br>1<br>3<br>2 | 0<br>0<br>1<br>3<br>4 | 0<br>0<br>1<br>3<br>5 | 0<br>0<br>1<br>3<br>6 | 0<br>0<br>1<br>3<br>7 | 0<br>0<br>1<br>3<br>8 | 0<br>0<br>1<br>3<br>9 | 0<br>0<br>1<br>4<br>0 | 0<br>0<br>1<br>4<br>1 | 0<br>0<br>1<br>4<br>2 | 0<br>0<br>1<br>4<br>3 | 0<br>0<br>1<br>4<br>4 | 0<br>0<br>1<br>4<br>5 | 0<br>0<br>1<br>4<br>6 | 0<br>0<br>1<br>4<br>7 | 0<br>0<br>1<br>4<br>8 | * TOTALS |
| B6C3F1 MICE MALE            | 500 mg/kg | Histiocytic Sarcoma                         | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Lymph Node                  |           | Hepatocellular Carcinoma, Metastatic, Liver |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2        |
|                             |           | Axillary, Lymphoma Malignant                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
|                             |           | Lumbar, Lymphoma Malignant                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
|                             |           | Renal, Lymphoma Malignant                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Lymph Node, Mandibular      |           | Lymphoma Malignant                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
|                             |           |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Lymph Node, Mesenteric      |           | Hemangiosarcoma, Metastatic, Spleen         | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
|                             |           | Histiocytic Sarcoma                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
|                             |           | Lymphoma Malignant                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Spleen                      |           | Hemangioma                                  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
|                             |           | Hemangiosarcoma                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
|                             |           | Histiocytic Sarcoma                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4        |
|                             |           | Lymphoma Malignant                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Thymus                      |           |   | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
|                             |           |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 41       |
| <b>INTEGUMENTARY SYSTEM</b> |           |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Mammary Gland               |           |   | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | 0                     |          |
| Skin                        |           | Hemangiosarcoma                             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |          |
|                             |           | Histiocytic Sarcoma                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2        |
|                             |           | X   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

|   |   | DAY ON TEST | 0<br>7<br>3<br>2      | 0<br>7<br>1<br>4      | 0<br>5<br>4<br>3      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>5<br>3<br>0      | 0<br>7<br>6<br>8      | 0<br>6<br>3<br>0      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      |                       |                       |          |    |
|---|---|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|----|
|   |   | ANIMAL ID   | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>3<br>9 | 0<br>0<br>1<br>3<br>0 | 0<br>0<br>1<br>3<br>1 | 0<br>0<br>1<br>3<br>2 | 0<br>0<br>1<br>3<br>4 | 0<br>0<br>1<br>3<br>5 | 0<br>0<br>1<br>3<br>6 | 0<br>0<br>1<br>3<br>7 | 0<br>0<br>1<br>3<br>8 | 0<br>0<br>1<br>3<br>9 | 0<br>0<br>1<br>4<br>0 | 0<br>0<br>1<br>4<br>1 | 0<br>0<br>1<br>4<br>2 | 0<br>0<br>1<br>4<br>3 | 0<br>0<br>1<br>4<br>4 | 0<br>0<br>1<br>4<br>5 | 0<br>0<br>1<br>4<br>6 | * TOTALS |    |
| Melanoma Benign                             |   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |          |    |
| <b>MUSCULOSKELETAL SYSTEM</b>               |   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |    |
| Bone  | + | X           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50       |    |
| Vertebra, Hemangiosarcoma                   |   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X        | 1  |
| Skeletal Muscle                             | + +                                     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1  |
| Histiocytic Sarcoma                         | X X                                     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1  |
| <b>NERVOUS SYSTEM</b>                       |   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |    |
| Brain                                       | + |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 50 |
| <b>RESPIRATORY SYSTEM</b>                   |   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |    |
| Lung  | + |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 50 |
| Alveolar/Bronchiolar Adenoma                |   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 2  |
| Alveolar/Bronchiolar Carcinoma              |   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 7  |
| Hepatoblastoma, Metastatic, Liver           |   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1  |
| Hepatocellular Carcinoma, Metastatic, Liver |   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 4  |
| Serosa, Hemangiosarcoma                     |   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1  |
| Nose  | + |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 50 |
| Histiocytic Sarcoma                         | X X                                     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1  |
| Trachea                                     | + |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 50 |
| <b>SPECIAL SENSES SYSTEM</b>                |   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |    |
| Eye   | + |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 50 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically



Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

| B6C3F1 MICE MALE | 1000 mg/kg | DAY ON TEST | males<br>(cont...) |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|------------------|------------|-------------|--------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
|                  |            |             | 0731               | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  | 0731  |       |
| ANIMAL ID        | 00151      | 00151       | 00151              | 00151 | 00151 | 00151 | 00151 | 00151 | 00151 | 00151 | 00151 | 00151 | 00151 | 00151 | 00151 | 00151 | 00151 | 00151 | 00151 | 00151 | 00151 | 00151 | 00151 | 00151 | 00151 | 00151 | 00151 | 00151 |

## ALIMENTARY SYSTEM

Esophagus  
Leukemia Granulocytic

Gallbladder

Intestine Large, Cecum

Intestine Large, Colon

Intestine Large, Rectum

Intestine Small, Duodenum

Intestine Small, Ileum

Intestine Small, Jejunum  
Adenoma  
Carcinoma

Liver

Hemangioma

Hemangiosarcoma

Hepatoblastoma

Hepatocellular Adenoma

Hepatocellular Adenoma, Multiple

Hepatocellular Carcinoma

Hepatocellular Carcinoma, Multiple

Leukemia Granulocytic

+ +

+ +

+ A + + + + + + + A + + + A A +

+ A + + + + + + + A + + + A +

+ A + + + + + + + A + + + A +

+ A + + + + + + + A + + + A +

+ A + + + + + + + A + + + A A +

+ A + + + + + + + A + + + A A +

+ A + + + + + + + A + + + A A +

+ + + + + + + + + X +

X +

X +

X +

X +

X +

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04  
 Test Type: CHRONIC  
 Route: GAVAGE  
 Species/Strain: MICE/B6C3F1

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Tetrabromobisphenol A  
 CAS Number: 79-94-7

Date Report Requested: 01/22/2013  
 Time Report Requested: 10:11:10  
 First Dose M/F: 08/07/07 / 08/06/07  
 Lab: BAT

|   |            | DAY ON TEST | males<br>(cont...) |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|---|------------|-------------|--------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|---|
| B6C3F1 MICE MALE                        | 1000 mg/kg |             | 0731               | 0730 | 0729 | 0628 | 0627 | 0526 | 0525 | 0424 | 0733 | 0732 | 0731 | 0651 | 0531 | 0730 | 0650 | 0530 | 0652 | 0533 | 0355 | 0735 | 0413 | 0545 | 0465 |      |   |
|   |            | ANIMAL ID   | 0151               | 0150 | 0151 | 0151 | 0151 | 0151 | 0151 | 0151 | 0151 | 0151 | 0151 | 0151 | 0151 | 0151 | 0151 | 0151 | 0151 | 0151 | 0151 | 0151 | 0151 | 0151 | 0151 | 0151 |   |
| Mesentery<br>Hemangiosarcoma            |            |             |                    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
| Pancreas                                |            |             | +                  | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |   |
| Salivary Glands                         |            |             | +                  | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |   |
| Stomach, Forestomach                    |            |             | +                  | A    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |   |
| Stomach, Glandular                      |            |             | +                  | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |   |
| Tooth                                   |            |             |                    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | + |
| <b>CARDIOVASCULAR SYSTEM</b>            |            |             |                    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
| Blood Vessel                            |            |             | +                  | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |   |
| Heart                                   |            |             | +                  | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |   |
| <b>ENDOCRINE SYSTEM</b>                 |            |             |                    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
| Adrenal Cortex<br>Leukemia Granulocytic |            |             | +                  | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |   |
| Adrenal Medulla                         |            |             | +                  | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |   |
| Islets, Pancreatic                      |            |             | +                  | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |   |
| Parathyroid Gland                       |            |             | +                  | +    | +    | +    | M    | +    | +    | M    | +    | +    | +    | +    | +    | +    | +    | +    | +    | M    | +    | +    | +    | +    | +    | +    |   |
| Pituitary Gland                         |            |             | +                  | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

|  |  | DAY ON TEST | 0<br>7<br>3<br>1      | 0<br>7<br>0<br>1      | 0<br>6<br>3<br>2      | 0<br>5<br>8<br>1      | 0<br>6<br>3<br>1      | 0<br>7<br>2<br>1      | 0<br>7<br>3<br>1      | 0<br>6<br>5<br>3      | 0<br>5<br>1<br>0      | 0<br>6<br>3<br>8      | 0<br>5<br>0<br>2      | 0<br>5<br>3<br>7      | 0<br>6<br>3<br>3      | 0<br>3<br>8<br>5      | 0<br>7<br>3<br>0      | 0<br>4<br>1<br>1      | 0<br>5<br>4<br>3      | 0<br>4<br>4<br>5      | 0<br>4<br>6<br>5      |                       |                       |                       |                       |                       |
|--|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  |  | ANIMAL ID   | 0<br>0<br>1<br>5<br>1 | 0<br>0<br>1<br>5<br>2 | 0<br>0<br>1<br>5<br>3 | 0<br>0<br>1<br>5<br>4 | 0<br>0<br>1<br>5<br>5 | 0<br>0<br>1<br>5<br>6 | 0<br>0<br>1<br>5<br>7 | 0<br>0<br>1<br>5<br>8 | 0<br>0<br>1<br>6<br>0 | 0<br>0<br>1<br>6<br>1 | 0<br>0<br>1<br>6<br>2 | 0<br>0<br>1<br>6<br>3 | 0<br>0<br>1<br>6<br>4 | 0<br>0<br>1<br>6<br>5 | 0<br>0<br>1<br>6<br>6 | 0<br>0<br>1<br>6<br>7 | 0<br>0<br>1<br>6<br>8 | 0<br>0<br>1<br>6<br>9 | 0<br>0<br>1<br>7<br>0 | 0<br>0<br>1<br>7<br>1 | 0<br>0<br>1<br>7<br>2 | 0<br>0<br>1<br>7<br>3 | 0<br>0<br>1<br>7<br>4 | 0<br>0<br>1<br>7<br>5 |

Thyroid Gland

+ +

males  
(cont...)

## GENERAL BODY SYSTEM

NONE

## GENITAL SYSTEM

Epididymis

+ +

Preputial Gland

+ +

Prostate

+ +

Seminal Vesicle

+ +

Testes

+ +

## HEMATOPOIETIC SYSTEM

Bone Marrow

+ +

Lymph Node, Mandibular

+ +

Lymph Node, Mesenteric  
Leukemia Granulocytic

+ +

Spleen  
Hemangiosarcoma  
Leukemia Granulocytic

+ +

X

X

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

|                  |            | DAY ON TEST | 0<br>7<br>3<br>1      | 0<br>7<br>0<br>1      | 0<br>7<br>3<br>2      | 0<br>6<br>8<br>1      | 0<br>5<br>1<br>6      | 0<br>7<br>3<br>1      | 0<br>4<br>2<br>1      | 0<br>7<br>3<br>0      | 0<br>6<br>5<br>3      | 0<br>5<br>1<br>0      | 0<br>7<br>8<br>8      | 0<br>6<br>0<br>2      | 0<br>5<br>3<br>7      | 0<br>6<br>3<br>3      | 0<br>3<br>8<br>5      | 0<br>7<br>3<br>0      | 0<br>4<br>1<br>1      | 0<br>5<br>4<br>3      | 0<br>4<br>4<br>5      |                       |                       |                       |                       |                       |                    |
|------------------|------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|
|                  |            | ANIMAL ID   | 0<br>0<br>1<br>5<br>1 | 0<br>0<br>1<br>5<br>2 | 0<br>0<br>1<br>5<br>3 | 0<br>0<br>1<br>5<br>4 | 0<br>0<br>1<br>5<br>5 | 0<br>0<br>1<br>5<br>6 | 0<br>0<br>1<br>5<br>7 | 0<br>0<br>1<br>5<br>8 | 0<br>0<br>1<br>6<br>0 | 0<br>0<br>1<br>6<br>1 | 0<br>0<br>1<br>6<br>2 | 0<br>0<br>1<br>6<br>3 | 0<br>0<br>1<br>6<br>4 | 0<br>0<br>1<br>6<br>5 | 0<br>0<br>1<br>6<br>6 | 0<br>0<br>1<br>6<br>7 | 0<br>0<br>1<br>6<br>8 | 0<br>0<br>1<br>6<br>9 | 0<br>0<br>1<br>7<br>0 | 0<br>0<br>1<br>7<br>1 | 0<br>0<br>1<br>7<br>2 | 0<br>0<br>1<br>7<br>3 | 0<br>0<br>1<br>7<br>4 | 0<br>0<br>1<br>7<br>5 | males<br>(cont...) |
| B6C3F1 MICE MALE | 1000 mg/kg |             | 0<br>0<br>1<br>5<br>1 | 0<br>0<br>1<br>5<br>2 | 0<br>0<br>1<br>5<br>3 | 0<br>0<br>1<br>5<br>4 | 0<br>0<br>1<br>5<br>5 | 0<br>0<br>1<br>5<br>6 | 0<br>0<br>1<br>5<br>7 | 0<br>0<br>1<br>5<br>8 | 0<br>0<br>1<br>6<br>0 | 0<br>0<br>1<br>6<br>1 | 0<br>0<br>1<br>6<br>2 | 0<br>0<br>1<br>6<br>3 | 0<br>0<br>1<br>6<br>4 | 0<br>0<br>1<br>6<br>5 | 0<br>0<br>1<br>6<br>6 | 0<br>0<br>1<br>6<br>7 | 0<br>0<br>1<br>6<br>8 | 0<br>0<br>1<br>6<br>9 | 0<br>0<br>1<br>7<br>0 | 0<br>0<br>1<br>7<br>1 | 0<br>0<br>1<br>7<br>2 | 0<br>0<br>1<br>7<br>3 | 0<br>0<br>1<br>7<br>4 | 0<br>0<br>1<br>7<br>5 | males<br>(cont...) |

Thymus  
Leukemia Granulocytic

+ M + + + + M + +

## INTEGUMENTARY SYSTEM

Mammary Gland

M M

Skin

+ +

Fibrous Histiocytoma

X

Subcutaneous Tissue, Lipoma

## MUSCULOSKELETAL SYSTEM

Bone

+ +

## NERVOUS SYSTEM

Brain

+ +

Peripheral Nerve

+

Spinal Cord

+

## RESPIRATORY SYSTEM

Lung

+ +

Alveolar/Bronchiolar Adenoma

X

Alveolar/Bronchiolar Carcinoma

X

Hepatocellular Carcinoma, Metastatic, Liver

X

Nose

+ +

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

|                         |  | DAY ON TEST | 0<br>7<br>3<br>1      | 0<br>7<br>0<br>1      | 0<br>8<br>1<br>1      | 0<br>6<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>6<br>5<br>3      | 0<br>5<br>1<br>0      | 0<br>6<br>8<br>8 | 0<br>5<br>0<br>2 | 0<br>5<br>3<br>7 | 0<br>6<br>3<br>3 | 0<br>3<br>8<br>5 | 0<br>7<br>3<br>0 | 0<br>4<br>1<br>1 | 0<br>5<br>4<br>3 |                  |                  |
|-------------------------|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
|                         |  | ANIMAL ID   | 0<br>0<br>1<br>5<br>1 | 0<br>0<br>1<br>5<br>2 | 0<br>0<br>1<br>5<br>3 | 0<br>0<br>1<br>5<br>4 | 0<br>0<br>1<br>5<br>5 | 0<br>0<br>1<br>5<br>6 | 0<br>0<br>1<br>5<br>7 | 0<br>0<br>1<br>6 | 0<br>1<br>6      | 0<br>6<br>6<br>4 | 0<br>6<br>6<br>5 | 0<br>6<br>6<br>7 | 0<br>6<br>6<br>8 | 0<br>7<br>7<br>9 | 0<br>7<br>7<br>0 | 0<br>1<br>2<br>1 | 0<br>1<br>1<br>1 |
| <b>B6C3F1 MICE MALE</b> |  |             |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| <b>1000 mg/kg</b>       |  |             |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
|                         |  |             |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |

males  
(cont...)

Trachea

+ +

**SPECIAL SENSES SYSTEM**

Eye

+ +

Harderian Gland  
Adenoma

+ +

X X X X X X

**URINARY SYSTEM**Kidney  
Hemangiosarcoma  
Leukemia Granulocytic  
Renal Tubule, Adenoma

+ A +

X

X

Urinary Bladder

+ +

**SYSTEMIC LESIONS**Multiple Organ  
Leukemia Granulocytic

+ +

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Date Report Requested: 01/22/2013

Test Type: CHRONIC

Tetrabromobisphenol A

Time Report Requested: 10:11:10

Route: GAVAGE

CAS Number: 79-94-7

First Dose M/F: 08/07/07 / 08/06/07

Species/Strain: MICE/B6C3F1

Lab: BAT

| B6C3F1 MICE MALE                   | 1000 mg/kg | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | * TOTALS |        |
|------------------------------------|------------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|--------|
|                                    |            |             | 0<br>7 | 0<br>4 | 0<br>6 | 0<br>2 | 0<br>2 | 0<br>7 | 0<br>5 | 0<br>7 | 0<br>7 | 0<br>6 | 0<br>6 | 0<br>5 | 0<br>6 | 0<br>1 | 0<br>4 | 0<br>4 | 0<br>4 | 0<br>4 | 0<br>5 | 0<br>5 | 0<br>3 | 0<br>5 | 0<br>7 |        |        |          |        |
| ANIMAL ID                          | 0<br>0     | 0<br>0      | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | * TOTALS |        |
|                                    | 1<br>1     | 1<br>1      | 1<br>1 | 1<br>1 | 1<br>1 | 1<br>1 | 1<br>1 | 1<br>1 | 1<br>1 | 1<br>1 | 1<br>1 | 1<br>1 | 1<br>1 | 1<br>1 | 1<br>1 | 1<br>1 | 1<br>1 | 1<br>1 | 1<br>1 | 1<br>1 | 1<br>1 | 1<br>1 | 1<br>1 | 1<br>1 | 1<br>1 | 1<br>1 | 1<br>1 | 1<br>2   |        |
|                                    | 7<br>6     | 7<br>7      | 7<br>8 | 7<br>9 | 8<br>0 | 8<br>1 | 8<br>2 | 8<br>3 | 8<br>4 | 8<br>5 | 8<br>6 | 8<br>7 | 8<br>8 | 8<br>9 | 8<br>0 | 9<br>1 | 9<br>2 | 9<br>3 | 9<br>4 | 9<br>5 | 9<br>6 | 9<br>7 | 9<br>8 | 9<br>9 | 9<br>0 | 9<br>1 | 9<br>2 | 9<br>3   | 9<br>4 |
| Esophagus                          |            | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 50       |        |
| Leukemia Granulocytic              |            |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        | X      |        |        |        |        |        |        |        |        |        |        |          | 1      |
| Gallbladder                        |            | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 49       |        |
| Intestine Large, Cecum             |            | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | A      | +      | +      | +      | A      | A      | +      | +      | A      | +      | A      | +      | A      | +      | 38       |        |
| Intestine Large, Colon             |            | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | A      | +      | +      | +      | +      | A      | A      | +      | A      | +      | A      | +      | A      | +      | 40     |          |        |
| Intestine Large, Rectum            |            | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | A      | +      | +      | +      | +      | A      | A      | +      | A      | +      | A      | +      | A      | +      | 41     |          |        |
| Intestine Small, Duodenum          |            | +           | A      | +      | A      | +      | A      | +      | +      | +      | +      | A      | +      | +      | +      | +      | A      | A      | A      | A      | A      | A      | A      | A      | A      | 31     |        |          |        |
| Intestine Small, Ileum             |            | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | A      | +      | +      | +      | +      | A      | +      | A      | A      | A      | A      | A      | A      | A      | 40     |        |          |        |
| Intestine Small, Jejunum           |            | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | A      | +      | +      | +      | +      | A      | A      | A      | A      | A      | A      | A      | A      | A      | 38     |        |          |        |
| Adenoma                            |            |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 1        |        |
| Carcinoma                          |            |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 1        |        |
| Liver                              |            | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | 50     |          |        |
| Hemangioma                         |            |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 1        |        |
| Hemangiosarcoma                    |            |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 2        |        |
| Hepatoblastoma                     |            |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 3        |        |
| Hepatocellular Adenoma             |            |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 9        |        |
| Hepatocellular Adenoma, Multiple   |            |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        | X      | X      | X      | X      | X      | X      | X      | X      | X      | X      | 12     |          |        |
| Hepatocellular Carcinoma           |            |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        | X      | X      | X      | X      | X      | X      | X      | X      | X      | X      | 7      |          |        |
| Hepatocellular Carcinoma, Multiple |            |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 2        |        |
| Leukemia Granulocytic              |            |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | 1        |        |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

| B6C3F1 MICE MALE             | 1000 mg/kg | DAY ON TEST | ANIMAL ID | * TOTALS         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |   |   |    |   |   |
|------------------------------|------------|-------------|-----------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-------------|---|---|----|---|---|
|                              |            |             |           | 0<br>7<br>3<br>0 | 0<br>4<br>5<br>1 | 0<br>6<br>1<br>3 | 0<br>2<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>5<br>4<br>3 | 0<br>7<br>3<br>2 | 0<br>5<br>9<br>4 | 0<br>7<br>0<br>4 | 0<br>6<br>1<br>6 | 0<br>5<br>6<br>8 | 0<br>1<br>2<br>8 | 0<br>4<br>3<br>7 | 0<br>4<br>2<br>0 | 0<br>4<br>2<br>8 | 0<br>4<br>5<br>9 | 0<br>5<br>4<br>7 | 0<br>3<br>4<br>0 | 0<br>5<br>4<br>2 | 0<br>5<br>2<br>4 | 0<br>7<br>0 |   |   |    |   |   |
| Mesentery                    |            |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |   |   |    | + | 2 |
| Hemangiosarcoma              |            |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |   |   |    | 1 |   |
| Pancreas                     |            |             |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +           | + | + | 50 |   |   |
| Salivary Glands              |            |             |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +           | + | + | 50 |   |   |
| Stomach, Forestomach         |            |             |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +           | + | + | 49 |   |   |
| Stomach, Glandular           |            |             |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +           | + | + | 50 |   |   |
| Tooth                        |            |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                |                  |                  |                  |                  |                  |                  |                  |             |   |   |    | 2 |   |
| <b>CARDIOVASCULAR SYSTEM</b> |            |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |   |   |    |   |   |
| Blood Vessel                 |            |             |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +           | + | + | 50 |   |   |
| Heart                        |            |             |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +           | + | + | 50 |   |   |
| <b>ENDOCRINE SYSTEM</b>      |            |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |   |   |    |   |   |
| Adrenal Cortex               |            |             |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +           | + | + | 50 |   |   |
| Leukemia Granulocytic        |            |             |           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |             |   |   |    | 1 |   |
| Adrenal Medulla              |            |             |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +           | + | + | 50 |   |   |
| Islets, Pancreatic           |            |             |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +           | + | + | 50 |   |   |
| Parathyroid Gland            |            |             |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | +                | +                | M                | +                | +                | +                | +                | +                | +                | +                | +           | M | + | 42 |   |   |
| Pituitary Gland              |            |             |           | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +           | + | + | 50 |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

|  |  | DAY ON TEST | B6C3F1 MICE MALE      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|--|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|  |  |             | 0<br>7<br>3<br>0      | 0<br>4<br>5<br>1      | 0<br>6<br>1<br>3      | 0<br>2<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>5<br>4<br>8      | 0<br>7<br>3<br>1      | 0<br>5<br>9<br>4      | 0<br>7<br>0<br>4      | 0<br>6<br>1<br>6      | 0<br>6<br>6<br>1      | 0<br>5<br>6<br>8      | 0<br>1<br>2<br>8      | 0<br>4<br>3<br>7      | 0<br>4<br>2<br>4      | 0<br>4<br>0<br>8      | 0<br>5<br>5<br>9      | 0<br>5<br>4<br>7      | 0<br>3<br>4<br>0      | 0<br>5<br>2<br>2      | 0<br>7<br>0<br>4      |                       |                       |                       |                       |          |
|  |  | ANIMAL ID   | 0<br>0<br>1<br>7<br>6 | 0<br>0<br>1<br>7<br>7 | 0<br>0<br>1<br>7<br>8 | 0<br>0<br>1<br>8<br>9 | 0<br>0<br>1<br>8<br>0 | 0<br>0<br>1<br>8<br>1 | 0<br>0<br>1<br>8<br>2 | 0<br>0<br>1<br>8<br>3 | 0<br>0<br>1<br>8<br>4 | 0<br>0<br>1<br>8<br>5 | 0<br>0<br>1<br>8<br>6 | 0<br>0<br>1<br>8<br>7 | 0<br>0<br>1<br>8<br>8 | 0<br>0<br>1<br>8<br>9 | 0<br>0<br>1<br>9<br>0 | 0<br>0<br>1<br>9<br>1 | 0<br>0<br>1<br>9<br>2 | 0<br>0<br>1<br>9<br>3 | 0<br>0<br>1<br>9<br>4 | 0<br>0<br>1<br>9<br>5 | 0<br>0<br>1<br>9<br>6 | 0<br>0<br>1<br>9<br>7 | 0<br>0<br>1<br>9<br>8 | 0<br>0<br>1<br>9<br>9 | 0<br>0<br>1<br>9<br>0 |          |
|  |  |             | Thyroid Gland         | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |

## GENERAL BODY SYSTEM

NONE

## GENITAL SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Epididymis      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Preputial Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Prostate        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Seminal Vesicle | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Testes          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

## HEMATOPOIETIC SYSTEM

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymph Node, Mandibular | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | 49 |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Leukemia Granulocytic  |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | 1  |
| Spleen                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | 49 |
| Hemangiosarcoma        |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | 3  |
| Leukemia Granulocytic  |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | 1  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

|   |            | DAY ON TEST           | 0<br>7<br>3<br>0      | 0<br>4<br>5<br>1      | 0<br>6<br>1<br>3      | 0<br>2<br>3           | 0<br>7<br>3<br>1      | 0<br>5<br>4<br>8      | 0<br>7<br>3<br>1      | 0<br>5<br>9<br>2      | 0<br>7<br>0<br>4      | 0<br>6<br>1<br>6      | 0<br>5<br>6<br>8      | 0<br>1<br>2<br>8      | 0<br>4<br>3<br>7      | 0<br>4<br>2<br>4      | 0<br>4<br>2<br>8      | 0<br>5<br>4<br>9      | 0<br>5<br>4<br>7      | 0<br>3<br>4<br>0      | 0<br>5<br>2<br>2      | 0<br>7<br>0<br>4      |                       |                       |                       |          |   |
|---|------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|---|
|   |            | ANIMAL ID             | 0<br>0<br>1<br>7<br>6 | 0<br>0<br>1<br>7<br>7 | 0<br>0<br>1<br>8<br>8 | 0<br>0<br>1<br>8<br>9 | 0<br>0<br>1<br>8<br>0 | 0<br>0<br>1<br>8<br>2 | 0<br>0<br>1<br>8<br>3 | 0<br>0<br>1<br>8<br>4 | 0<br>0<br>1<br>8<br>5 | 0<br>0<br>1<br>8<br>6 | 0<br>0<br>1<br>8<br>7 | 0<br>0<br>1<br>8<br>8 | 0<br>0<br>1<br>8<br>9 | 0<br>0<br>1<br>9<br>0 | 0<br>0<br>1<br>9<br>1 | 0<br>0<br>1<br>9<br>2 | 0<br>0<br>1<br>9<br>3 | 0<br>0<br>1<br>9<br>4 | 0<br>0<br>1<br>9<br>5 | 0<br>0<br>1<br>9<br>6 | 0<br>0<br>1<br>9<br>7 | 0<br>0<br>1<br>9<br>8 | 0<br>0<br>1<br>9<br>9 | * TOTALS |   |
| B6C3F1 MICE MALE                            | 1000 mg/kg | Thymus                | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |          |   |
|   |            | Leukemia Granulocytic |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |   |
| <b>INTEGUMENTARY SYSTEM</b>                 |            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |   |
| Mammary Gland                               |            | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | 0        |   |
| Skin  |            | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |   |
| Fibrous Histiocytoma                        |            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1 |
| Subcutaneous Tissue, Lipoma                 |            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1 |
| <b>MUSCULOSKELETAL SYSTEM</b>               |            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |   |
| Bone  |            | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |   |
| <b>NERVOUS SYSTEM</b>                       |            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |   |
| Brain                                       |            | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |   |
| Peripheral Nerve                            |            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 2 |
| Spinal Cord                                 |            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 2 |
| <b>RESPIRATORY SYSTEM</b>                   |            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |   |
| Lung  |            | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |   |
| Alveolar/Bronchiolar Adenoma                |            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 3 |
| Alveolar/Bronchiolar Carcinoma              |            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 2 |
| Hepatocellular Carcinoma, Metastatic, Liver |            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 2 |
| Nose  |            | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

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Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

| B6C3F1 MICE MALE             | 1000 mg/kg            | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |    | * TOTALS |  |   |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|----|----------|--|---|
|                              |                       |                       | 0<br>7<br>3<br>0      | 0<br>4<br>5<br>1      | 0<br>6<br>1<br>3      | 0<br>2<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>5<br>4<br>3      | 0<br>7<br>3<br>1      | 0<br>5<br>4<br>1      | 0<br>7<br>0<br>4      | 0<br>6<br>1<br>6      | 0<br>6<br>6<br>2      | 0<br>5<br>6<br>3      | 0<br>1<br>8<br>8      | 0<br>4<br>2<br>4      | 0<br>4<br>2<br>4      | 0<br>4<br>5<br>4      | 0<br>5<br>4<br>0      | 0<br>3<br>4<br>2      | 0<br>5<br>2<br>4      | 0<br>7<br>0<br>4      |                       |                       |   |    |          |  |   |
| ANIMAL ID                    | 0<br>0<br>1<br>7<br>6 | 0<br>0<br>1<br>7<br>7 | 0<br>0<br>1<br>7<br>8 | 0<br>0<br>1<br>8<br>9 | 0<br>0<br>1<br>8<br>0 | 0<br>0<br>1<br>8<br>1 | 0<br>0<br>1<br>8<br>2 | 0<br>0<br>1<br>8<br>3 | 0<br>0<br>1<br>8<br>4 | 0<br>0<br>1<br>8<br>5 | 0<br>0<br>1<br>8<br>6 | 0<br>0<br>1<br>8<br>7 | 0<br>0<br>1<br>8<br>8 | 0<br>0<br>1<br>8<br>9 | 0<br>0<br>1<br>9<br>0 | 0<br>0<br>1<br>9<br>1 | 0<br>0<br>1<br>9<br>2 | 0<br>0<br>1<br>9<br>3 | 0<br>0<br>1<br>9<br>4 | 0<br>0<br>1<br>9<br>5 | 0<br>0<br>1<br>9<br>6 | 0<br>0<br>1<br>9<br>7 | 0<br>0<br>1<br>9<br>8 | 0<br>0<br>1<br>9<br>9 |   |    |          |  |   |
| Trachea                      | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | 50 |          |  |   |
| <b>SPECIAL SENSES SYSTEM</b> |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |    |          |  |   |
| Eye                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | +  | 50       |  |   |
| Harderian Gland Adenoma      | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | X                     | X                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | +  | 50       |  |   |
| <b>URINARY SYSTEM</b>        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |    |          |  |   |
| Kidney                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | +  | 48       |  |   |
| Hemangiosarcoma              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |    |          |  | 1 |
| Leukemia Granulocytic        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |    |          |  | 1 |
| Renal Tubule, Adenoma        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |   |    |          |  | 2 |
| Urinary Bladder              | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | +  | 50       |  |   |
| <b>SYSTEMIC LESIONS</b>      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |    |          |  |   |
| Multiple Organ               | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | X                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | +  | 50       |  |   |
| Leukemia Granulocytic        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |    |          |  | 1 |

\*\*\* END OF MALE DATA \*\*\*

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04  
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 Tetrabromobisphenol A  
 CAS Number: 79-94-7

Date Report Requested: 01/22/2013  
 Time Report Requested: 10:11:10  
 First Dose M/F: 08/07/07 / 08/06/07  
 Lab: BAT

|  |           | DAY ON TEST | B6C3F1 MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |
|--|-----------|-------------|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|
|  | ANIMAL ID |             | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
|  |           | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |
|  |           | 5           | 7                  | 7 | 7 | 6 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                    |
|  |           | 6           | 3                  | 3 | 2 | 8 | 3 | 0 | 3 | 3 | 2 | 2 | 3 | 3 | 6 | 3 | 2 | 3 | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 2                    |
|  |           | 3           | 0                  | 1 | 9 | 0 | 1 | 6 | 1 | 1 | 0 | 9 | 2 | 9 | 0 | 0 | 1 | 2 | 1 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 9                    |
|  |           | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |
|  |           | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |
|  |           | 2           | 2                  | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2                    |
|  |           | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2                    |
|  |           | 1           | 2                  | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 |                      |

### ALIMENTARY SYSTEM

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Gallbladder                      | M | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Large, Cecum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Large, Colon           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Large, Rectum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Small, Duodenum        | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + |   |
| Adenoma                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Small, Ileum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Small, Jejunum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + |   |
| Liver                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X | + | + | + | + | + | + | + | + | + | + |   |
| Hepatocellular Adenoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | + | + | + | + | + | + | + | + | + | + |
| Hepatocellular Adenoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | + | + | + | + | + | + | + | + | + |
| Hepatocellular Carcinoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | + | + | + | + | + | + | + | + |
| Histiocytic Sarcoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | + | + | + | + | + | + | + | + |
| Lymphoma Malignant               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | + | + | + | + | + | + | + | + |
| Mesentery                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Oral Mucosa                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Squamous Cell Carcinoma          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

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 Lab: BAT

| B6C3F1 MICE FEMALE<br>0 mg/kg              | DAY ON TEST<br>ANIMAL ID |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   | females<br>(cont...) |  |
|--|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|----------------------|--|
|  |                          | 0<br>5<br>6<br>3<br>0 | 0<br>7<br>3<br>3<br>1 | 0<br>7<br>2<br>8<br>0 | 0<br>6<br>3<br>0<br>1 | 0<br>7<br>3<br>3<br>1 | 0<br>7<br>2<br>3<br>0 | 0<br>7<br>3<br>6<br>0 | 0<br>7<br>2<br>3<br>0 | 0<br>7<br>3<br>2<br>1 | 0<br>7<br>3<br>2<br>0 | 0<br>7<br>3<br>2<br>1 |   |                      |  |
| Pancreas<br>Lymphoma Malignant             |                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | +                    |  |
| Salivary Glands                            |                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | +                    |  |
| Stomach, Forestomach                       |                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | +                    |  |
| Stomach, Glandular                         |                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | +                    |  |
| Tongue<br>Squamous Cell Papilloma          |                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |  |
| Tooth                                      |                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |  |
| <b>CARDIOVASCULAR SYSTEM</b>               |                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |  |
| Blood Vessel                               |                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | +                    |  |
| Heart                                      |                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | +                    |  |
| <b>ENDOCRINE SYSTEM</b>                    |                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |                      |  |
| Adrenal Cortex                             |                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | +                    |  |
| Adrenal Medulla<br>Pheochromocytoma Benign |                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | +                    |  |
| Islets, Pancreatic<br>Lymphoma Malignant   |                          | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + | +                    |  |
| Parathyroid Gland                          |                          | +                     | +                     | M                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | M                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M | +                    |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

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Tetrabromobisphenol A

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 First Dose M/F: 08/07/07 / 08/06/07  
 Lab: BAT

| B6C3F1 MICE FEMALE<br>0 mg/kg  |  | DAY ON TEST | 0     | 5 7 7 7 6 7 6 7 7 7 7 7 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 | 6 3 3 2 8 3 0 3 3 2 2 3 3 2 9 0 3 0 2 9 0 3 0 2 9 0 3 3 2 3 0 1 3 2 9 | 3 0 1 9 0 1 6 1 1 0 9 2 9 0 0 0 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 0 1 9 |   |
|--|--|-------------|---|---|---|---|---|
|  |  | ANIMAL ID   | 0     | 0 | 2                 | 0                     | 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 |
| Pituitary Gland<br>Pars Distalis, Adenoma                                  |  |             | + | X   |   |   |   |
| Thyroid Gland  |  |             | + |   |   |   |   |
| <b>GENERAL BODY SYSTEM</b>   |  |             |   |   |   |   |   |
| NONE   |  |             |   |   |   |   |   |
| <b>GENITAL SYSTEM</b>  |  |             |   |   |   |   |   |
| Clitoral Gland<br>Lymphoma Malignant                                       |  |             | + | X   |   |   |   |
| Ovary<br>Cystadenoma<br>Lymphoma Malignant                                 |  |             | + |   | X   | X   |   |
| Oviduct  |  |             |   |   |   |   |   |
| Uterus<br>Lymphoma Malignant<br>Sarcoma Stromal<br>Cervix, Sarcoma Stromal |  |             | + | X   |   | X   |   |
| <b>HEMATOPOIETIC SYSTEM</b>  |  |             |   |   |   |   |   |
| Bone Marrow  |  |             | + |   |   |   |   |
| Lymph Node   |  |             |   | +   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

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|  |  | DAY ON TEST | B6C3F1 MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |
|--|--|-------------|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|
|  |  |             | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
|  |  | 5           | 7                  | 7 | 7 | 6 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                    |
|  |  | 6           | 3                  | 3 | 2 | 8 | 3 | 0 | 3 | 3 | 2 | 2 | 3 | 3 | 6 | 3 | 2 | 2 | 3 | 2 | 3 | 2 | 3 | 3 | 3 | 3 | 2                    |
|  |  | 3           | 0                  | 1 | 9 | 0 | 1 | 6 | 1 | 1 | 0 | 9 | 2 | 9 | 0 | 0 | 1 | 2 | 1 | 0 | 1 | 2 | 1 | 0 | 1 | 2 |                      |
|  |  | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
|  |  | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
|  |  | 2           | 2                  | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |                      |
|  |  | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |                      |
|  |  | 1           | 2                  | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 |                      |
| Lymph Node, Mandibular Lymphoma Malignant  |  |             | +                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                      |
| Lymph Node, Mesenteric Lymphoma Malignant  |  |             | +                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                      |
| Spleen Hemangiosarcoma Lymphoma Malignant  |  |             | +                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                      |
| Thymus Lymphoma Malignant  |  |             | +                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                      |
| <b>INTEGUMENTARY SYSTEM</b>  |  |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Mammary Gland Lymphoma Malignant   |  |             | +                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                      |
| Skin Basal Cell Carcinoma Fibrosarcoma Hemangioma Subcutaneous Tissue, Hemangiosarcoma Subcutaneous Tissue, Schwannoma Malignant |  |             | +                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                      |
| <b>MUSCULOSKELETAL SYSTEM</b>  |  |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Bone Fibroma Lymphoma Malignant  |  |             | +                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |                      |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

|           |             | B6C3F1 MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |                      |
|-----------|-------------|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|----------------------|
|           |             | 0 mg/kg            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |                      |
| ANIMAL ID | DAY ON TEST | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | females<br>(cont...) |
|           |             | 5                  | 7 | 7 | 7 | 6 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                    |                      |
|           |             | 6                  | 3 | 3 | 2 | 8 | 3 | 0 | 3 | 3 | 2 | 2 | 3 | 3 | 2 | 2 | 3 | 3 | 2 | 2 | 3 | 3 | 2 | 3 | 3 | 3 | 2                    |                      |
|           |             | 3                  | 0 | 1 | 9 | 0 | 1 | 6 | 1 | 1 | 0 | 9 | 2 | 9 | 0 | 0 | 1 | 2 | 1 | 0 | 9 | 1 | 0 | 1 | 0 | 9 | 1                    |                      |
|           |             | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |                      |
|           |             | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |                      |
|           |             | 2                  | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2                    | 2                    |
|           |             | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1                    |                      |
|           |             | 1                  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 |                      |                      |

## NERVOUS SYSTEM

Brain

+ +

## RESPIRATORY SYSTEM

Lung

Alveolar/Bronchiolar Adenoma  
Alveolar/Bronchiolar Carcinoma  
Lymphoma Malignant

+ +

X X

Nose

+ +

Trachea

+ +

## SPECIAL SENSES SYSTEM

Eye

+ +

Harderian Gland

Adenoma  
Carcinoma

+ +

X X

## URINARY SYSTEM

Kidney

Lymphoma Malignant

+ +

X X

Urinary Bladder

Lymphoma Malignant

+ +

X X

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**Experiment Number:** 20320 - 04

**Test Type: CHRONIC**

## **Route: GAVAGE**

**Species/Strain:** MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

## Tetrabromobisphenol A

CAS Number: 79-94-7

**Date Report Requested:** 01/22/2013

**Time Report Requested:** 10:11:10

**First Dose M/F:** 08/07/07 / 08/06/07

## Lab: BAT

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|             | 5 | 7 | 7 | 7 | 6 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| ANIMAL ID   | 6 | 3 | 3 | 2 | 8 | 3 | 0 | 3 | 3 | 3 | 2 | 2 | 3 | 6 | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 2 |
|             | 3 | 0 | 1 | 9 | 0 | 1 | 6 | 1 | 1 | 0 | 9 | 9 | 0 | 0 | 1 | 2 | 1 | 0 | 9 | 1 | 0 | 1 |
| 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 |
| 1           | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 |

## **SYSTEMIC LESIONS**

## Multiple Organ Histiocytic Sarcoma Lymphoma Malignant

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

#### I .. Insufficient tissue

M .. Missing tissue

#### A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

| B6C3F1 MICE FEMALE | DAY ON TEST | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--------------------|-------------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                    |             | 7        | 7 | 7 | 7 | 7 | 7 | 4 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 6 |
| 0 mg/kg            | ANIMAL ID   | 2        | 2 | 3 | 2 | 3 | 2 | 2 | 3 | 3 | 2 | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 6 |
|                    |             | 9        | 9 | 0 | 9 | 0 | 9 | 8 | 0 | 1 | 4 | 0 | 9 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                    |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                    |             | 0        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                    |             | 2        | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
|                    |             | 2        | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 5 |
|                    |             | 6        | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
|                    |             | * TOTALS |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

## ALIMENTARY SYSTEM

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Esophagus                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Gallbladder                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | 47 |   |
| Intestine Large, Cecum           | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |   |
| Intestine Large, Colon           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Intestine Large, Rectum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Intestine Small, Duodenum        | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |   |
| Adenoma                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   | 1  |   |
| Intestine Small, Ileum           | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |   |
| Intestine Small, Jejunum         | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |   |
| Liver                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Hepatocellular Adenoma           | X | X | X | X | X |   |   |   |   | X |   |   |   |   |   |   | X |   | X |   | X |   |   |   | 12 |   |
| Hepatocellular Adenoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Hepatocellular Carcinoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 |
| Histiocytic Sarcoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Lymphoma Malignant               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 5 |
| Mesentery                        |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   | X |   |   |   |   |   |   |   | 3  |   |
| Oral Mucosa                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Squamous Cell Carcinoma          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |    | 1 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

| B6C3F1 MICE FEMALE           | DAY ON TEST |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | * TOTALS                   |   |
|------------------------------|-------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---|
|                              |             | 0<br>7<br>2<br>9           | 0<br>7<br>2<br>9           | 0<br>7<br>3<br>0           | 0<br>7<br>2<br>9           | 0<br>4<br>3<br>8           | 0<br>7<br>3<br>0           | 0<br>6<br>3<br>1           | 0<br>7<br>2<br>9           | 0<br>7<br>3<br>0           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>0           |                            |                            |   |
| 0 mg/kg                      | ANIMAL ID   | 0<br>0<br>2<br>2<br>2<br>6 | 0<br>0<br>2<br>2<br>2<br>7 | 0<br>0<br>2<br>2<br>2<br>8 | 0<br>0<br>2<br>2<br>2<br>9 | 0<br>0<br>2<br>2<br>3<br>0 | 0<br>0<br>2<br>2<br>3<br>1 | 0<br>0<br>2<br>2<br>3<br>2 | 0<br>0<br>2<br>2<br>3<br>3 | 0<br>0<br>2<br>2<br>3<br>4 | 0<br>0<br>2<br>2<br>3<br>5 | 0<br>0<br>2<br>2<br>3<br>6 | 0<br>0<br>2<br>2<br>3<br>7 | 0<br>0<br>2<br>2<br>3<br>8 | 0<br>0<br>2<br>2<br>3<br>9 | 0<br>0<br>2<br>2<br>4<br>0 | 0<br>0<br>2<br>2<br>4<br>1 | 0<br>0<br>2<br>2<br>4<br>2 | 0<br>0<br>2<br>2<br>4<br>3 | 0<br>0<br>2<br>2<br>4<br>4 | 0<br>0<br>2<br>2<br>4<br>5 | 0<br>0<br>2<br>2<br>4<br>6 | 0<br>0<br>2<br>2<br>4<br>7 | 0<br>0<br>2<br>2<br>4<br>8 | 0<br>0<br>2<br>2<br>4<br>9 | 0<br>0<br>2<br>2<br>5<br>0 |   |
| Pancreas                     |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |   |
| Lymphoma Malignant           |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 |
| Salivary Glands              |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |   |
| Stomach, Forestomach         |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |   |
| Stomach, Glandular           |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |   |
| Tongue                       |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | +                          |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 |
| Squamous Cell Papilloma      |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | X                          |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 |
| Tooth                        |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 |
| <b>CARDIOVASCULAR SYSTEM</b> |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |   |
| Blood Vessel                 |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |   |
| Heart                        |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |   |
| <b>ENDOCRINE SYSTEM</b>      |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |   |
| Adrenal Cortex               |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |   |
| Adrenal Medulla              |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |   |
| Pheochromocytoma Benign      |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 |
| Islets, Pancreatic           |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | 50                         |   |
| Lymphoma Malignant           |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | X                          |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | 1 |
| Parathyroid Gland            |             | M                          | +                          | +                          | +                          | +                          | +                          | M                          | M                          | M                          | +                          | +                          | +                          | M                          | +                          | M                          | +                          | M                          | +                          | M                          | +                          | M                          | +                          | M                          | +                          | 34                         |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

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## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

| B6C3F1 MICE FEMALE<br>0 mg/kg  | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |         | * TOTALS          |   |
|--|--------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|---------|-------------------|---|
|  |                          | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>0 |   |         |                   |   |
| Pituitary Gland<br>Pars Distalis, Adenoma                                  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50<br>1 |                   |   |
| Thyroid Gland  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50      |                   |   |
| <b>GENERAL BODY SYSTEM</b>   |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |         |                   |   |
| NONE   |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |         |                   |   |
| <b>GENITAL SYSTEM</b>  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |         |                   |   |
| Clitoral Gland<br>Lymphoma Malignant                                       |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | +       | 50<br>1           |   |
| Ovary<br>Cystadenoma<br>Lymphoma Malignant                                 |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | +       | 50<br>2<br>2      |   |
| Oviduct  |                          | +                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |         |                   | 1 |
| Uterus<br>Lymphoma Malignant<br>Sarcoma Stromal<br>Cervix, Sarcoma Stromal |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | +       | 50<br>2<br>1<br>1 |   |
| <b>HEMATOPOIETIC SYSTEM</b>  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |         |                   |   |
| Bone Marrow  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | +       | 50                |   |
| Lymph Node   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | +       | 1                 |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

| B6C3F1 MICE FEMALE<br>0 mg/kg   | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | * TOTALS                    |
|---|--------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|-----------------------------|
|   |                          | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>4<br>3<br>8 | 0<br>6<br>3<br>0 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>1 |   |                             |
| Lymph Node, Mandibular<br>Lymphoma Malignant  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50<br>2                     |
| Lymph Node, Mesenteric<br>Lymphoma Malignant  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50<br>6                     |
| Spleen<br>Hemangiosarcoma<br>Lymphoma Malignant   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50<br>1<br>9                |
| Thymus<br>Lymphoma Malignant  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50<br>5                     |
| <b>INTEGUMENTARY SYSTEM</b>   |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                             |
| Mammary Gland<br>Lymphoma Malignant   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50<br>1                     |
| Skin<br>Basal Cell Carcinoma<br>Fibrosarcoma<br>Hemangioma<br>Subcutaneous Tissue, Hemangiosarcoma<br>Subcutaneous Tissue, Schwannoma Malignant |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50<br>1<br>1<br>1<br>1<br>1 |
| <b>MUSCULOSKELETAL SYSTEM</b>   |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                             |
| Bone<br>Fibroma<br>Lymphoma Malignant   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50<br>1<br>1                |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04  
 Test Type: CHRONIC  
 Route: GAVAGE  
 Species/Strain: MICE/B6C3F1

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Tetrabromobisphenol A  
 CAS Number: 79-94-7

Date Report Requested: 01/22/2013  
 Time Report Requested: 10:11:10  
 First Dose M/F: 08/07/07 / 08/06/07  
 Lab: BAT

|  |  | DAY ON TEST | B6C3F1 MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |  |
|--|--|-------------|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|--|
|  |  |             | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |  |
|  |  | 7           | 7                  | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 6 |          |  |
|  |  | 2           | 2                  | 3 | 2 | 3 | 2 | 2 | 3 | 3 | 2 | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 6 |          |  |
|  |  | 9           | 9                  | 0 | 9 | 0 | 9 | 9 | 8 | 0 | 1 | 4 | 0 | 9 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |          |  |
|  |  | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |  |
|  |  | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |  |
|  |  | 2           | 2                  | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |          |  |
|  |  | 2           | 2                  | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 5        |  |
|  |  | 6           | 7                  | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |          |  |

### NERVOUS SYSTEM

|       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

### RESPIRATORY SYSTEM

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Lung                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Alveolar/Bronchiolar Adenoma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 5 |
| Alveolar/Bronchiolar Carcinoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Lymphoma Malignant             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 |

Nose

|      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Nose | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

Trachea

|         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Trachea | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

### SPECIAL SENSES SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Eye             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Adenoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 |
| Carcinoma       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |

### URINARY SYSTEM

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Kidney             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Lymphoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 3 |
| Urinary Bladder    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Lymphoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

|                           |                | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |          |
|---------------------------|----------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|----------|
|                           |                | ANIMAL ID   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |          |
| <b>B6C3F1 MICE FEMALE</b> | <b>0 mg/kg</b> | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | * TOTALS |
|                           |                | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 4 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 6        |          |
|                           |                | 2           | 2 | 3 | 2 | 3 | 2 | 2 | 3 | 3 | 2 | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 6        |          |
|                           |                | 9           | 9 | 0 | 9 | 0 | 9 | 9 | 8 | 0 | 1 | 4 | 0 | 9 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3        |          |
|                           |                | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |          |
|                           |                | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |          |
|                           |                | 2           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2        |          |
|                           |                | 2           | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 5        |          |
|                           |                | 6           | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0        |          |

**SYSTEMIC LESIONS**

Multiple Organ  
Histiocytic Sarcoma  
Lymphoma Malignant

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| X | X | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 9 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**Experiment Number:** 20320 - 04

**Test Type: CHRONIC**

## **Route: GAVAGE**

**Species/Strain:** MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

## Tetrabromobisphenol A

CAS Number: 79-94-7

**Date Report Requested:** 01/22/2013

**Time Report Requested:** 10:11:10

**First Dose M/F:** 08/07/07 / 08/06/07

## Lab: BAT

## ALIMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

| B6C3F1 MICE FEMALE<br>250 mg/kg                              | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...)  |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  |                       | 0<br>5<br>6<br>1      | 0<br>7<br>3<br>0      | 0<br>7<br>0<br>2      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>2<br>9      | 0<br>7<br>1<br>0      | 0<br>7<br>4<br>5      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>3      | 0<br>7<br>4<br>1      | 0<br>7<br>6<br>2      | 0<br>7<br>9<br>3      | 0<br>7<br>3<br>1      | 0<br>7<br>7<br>1      |                       |                       |                       |
| ANIMAL ID  | 0<br>0<br>2<br>5<br>1 | 0<br>0<br>2<br>5<br>2 | 0<br>0<br>2<br>5<br>3 | 0<br>0<br>2<br>5<br>4 | 0<br>0<br>2<br>5<br>5 | 0<br>0<br>2<br>5<br>6 | 0<br>0<br>2<br>5<br>7 | 0<br>0<br>2<br>5<br>8 | 0<br>0<br>2<br>5<br>9 | 0<br>0<br>2<br>6<br>0 | 0<br>0<br>2<br>6<br>1 | 0<br>0<br>2<br>6<br>2 | 0<br>0<br>2<br>6<br>3 | 0<br>0<br>2<br>6<br>4 | 0<br>0<br>2<br>6<br>5 | 0<br>0<br>2<br>6<br>6 | 0<br>0<br>2<br>6<br>7 | 0<br>0<br>2<br>6<br>8 | 0<br>0<br>2<br>6<br>9 | 0<br>0<br>2<br>7<br>0 | 0<br>0<br>2<br>7<br>1 | 0<br>0<br>2<br>7<br>2 | 0<br>0<br>2<br>7<br>3 | 0<br>0<br>2<br>7<br>4 |
| Lymphoma Malignant   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |
| Squamous Cell Carcinoma, Metastatic,<br>Stomach, Forestomach |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     | X                     |                       |                       |
| Mesentery  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | +                     |                       |                       |                       |                       |
| Leukemia Mononuclear   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | +                     |                       |                       |                       |                       |
| Pancreas   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | M                     |                       |                       |                       |                       |
| Leukemia Mononuclear   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | +                     |                       |                       |                       |                       |
| Lymphoma Malignant   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |
| Salivary Glands  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | M                     |                       |                       |                       |                       |
| Lymphoma Malignant   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     | X                     |                       |                       |
| Stomach, Forestomach   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Lymphoma Malignant   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Squamous Cell Carcinoma                                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Squamous Cell Carcinoma, Multiple                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Stomach, Glandular   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Lymphoma Malignant   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Tooth  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | +                     |                       |                       |                       |                       |

## CARDIOVASCULAR SYSTEM

Blood Vessel  
Leukemia MononuclearHeart  
Leukemia Mononuclear

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04  
Test Type: CHRONIC  
Route: GAVAGE  
Species/Strain: MICE/B6C3F1

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
Tetrabromobisphenol A  
CAS Number: 79-94-7

Date Report Requested: 01/22/2013  
Time Report Requested: 10:11:10  
First Dose M/F: 08/07/07 / 08/06/07  
Lab: BAT

| B6C3F1 MICE FEMALE<br>250 mg/kg | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | females<br>(cont...) |
|---------------------------------|--------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|----------------------|
|                                 |                          | 0<br>5<br>6<br>1 | 0<br>7<br>3<br>0 | 0<br>7<br>2<br>2 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>1 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>1<br>0 | 0<br>7<br>4<br>5 | 0<br>7<br>2<br>2 | 0<br>7<br>3<br>0 | 0<br>7<br>6<br>6 | 0<br>7<br>3<br>1 | 0<br>7<br>2<br>3 | 0<br>7<br>4<br>1 | 0<br>6<br>9<br>0 | 0<br>7<br>3<br>1 | 0<br>7<br>2<br>3 | 0<br>7<br>4<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>2<br>3 | 0<br>7<br>4<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>2<br>3 |   |                      |
|                                 | Lymphoma Malignant       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X |                      |

### ENDOCRINE SYSTEM

Adrenal Cortex  
Lymphoma Malignant

Adrenal Medulla

Islets, Pancreatic

Parathyroid Gland

Pituitary Gland

Thyroid Gland

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + |   |
| M | M | + | + | + | + | + | + | + | + | + | + | M | + | + | + | M | + | + | + | + | M | + | + | + | + |   |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |

### GENERAL BODY SYSTEM

Peritoneum

### GENITAL SYSTEM

Clitoral Gland  
Leukemia Mononuclear

Ovary  
Leukemia Mononuclear  
Luteoma  
Lymphoma Malignant

Uterus

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | X |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

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|--|--------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|----------------------|---|
|  |                          | 0<br>5<br>6<br>1 | 0<br>7<br>3<br>0 | 0<br>7<br>0<br>2 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>0 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>1<br>0 | 0<br>7<br>4<br>5 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>0 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>0 | 0<br>7<br>2<br>3 | 0<br>7<br>4<br>1 | 0<br>6<br>9<br>3 | 0<br>7<br>3<br>0 | 0<br>7<br>2<br>3 | 0<br>6<br>9<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>0 | 0<br>7<br>2<br>3 |   |                      |   |
| Histiocytic Sarcoma                                    |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | X                    |   |
| Leukemia Mononuclear                                   |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      |   |
| Lymphoma Malignant                                     |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | X                    |   |
| Polyp Stromal  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      |   |
| Vagina   |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | +                    |   |
| <b>HEMATOPOIETIC SYSTEM</b>                            |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      |   |
| Bone Marrow  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + |                      |   |
| Lymphoma Malignant                                     |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      | X |
| Lymph Node   |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      | + |
| Bronchial, Leukemia Mononuclear                        |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      |   |
| Iliac, Leukemia Mononuclear                            |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      |   |
| Inguinal, Leukemia Mononuclear                         |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      |   |
| Lumbar, Lymphoma Malignant                             |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      | X |
| Mediastinal, Leukemia Mononuclear                      |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      |   |
| Pancreatic, Histiocytic Sarcoma, Metastatic,<br>Spleen |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      |   |
| Pancreatic, Lymphoma Malignant                         |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      | X |
| Renal, Lymphoma Malignant                              |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      | X |
| Lymph Node, Mandibular                                 |                          | +                | +                | +                | M                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + |                      |   |
| Lymphoma Malignant                                     |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      | X |
| Lymph Node, Mesenteric                                 |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + |                      |   |
| Leukemia Mononuclear                                   |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      |   |
| Lymphoma Malignant                                     |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      | X |
| Spleen   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + |                      |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

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|---------------------------------|--------------------------|----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|--|--|
|                                 |                          | 0<br>5<br>6<br>1     | 0<br>7<br>3<br>0 | 0<br>7<br>0<br>2 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>0 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>1<br>0 | 0<br>7<br>4<br>5 | 0<br>7<br>2<br>2 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>0 | 0<br>5<br>6<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>0 | 0<br>7<br>2<br>3 | 0<br>6<br>4<br>1 | 0<br>7<br>3<br>0 | 0<br>7<br>2<br>3 | 0<br>6<br>3<br>1 | 0<br>7<br>3<br>1 |  |  |  |

Histiocytic Sarcoma  
Leukemia Mononuclear  
Lymphoma Malignant

Thymus  
Leukemia Mononuclear  
Lymphoma Malignant

## INTEGUMENTARY SYSTEM

Mammary Gland  
Leukemia Mononuclear  
Lymphoma Malignant

Skin  
Fibrous Histiocytoma

## MUSCULOSKELETAL SYSTEM

Bone  
Osteosarcoma

## NERVOUS SYSTEM

Brain  
Leukemia Mononuclear

## RESPIRATORY SYSTEM

Lung  
Alveolar/Bronchiolar Adenoma

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

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|---------------------------------|--------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|----------------------|
|                                 |                          | 0<br>5<br>6<br>1 | 0<br>7<br>3<br>0 | 0<br>7<br>0<br>2 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>0 | 0<br>7<br>2<br>9 | 0<br>7<br>1<br>0 | 0<br>7<br>4<br>5 | 0<br>7<br>2<br>2 | 0<br>7<br>3<br>0 | 0<br>7<br>9<br>6 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>0 | 0<br>7<br>2<br>3 | 0<br>7<br>4<br>1 | 0<br>6<br>9<br>0 | 0<br>7<br>3<br>1 | 0<br>7<br>2<br>3 | 0<br>7<br>4<br>1 |   |                      |
| Leukemia Mononuclear            |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X | X                    |
| Lymphoma Malignant              |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      |
| Nose                            |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + |                      |
| Trachea                         |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + |                      |
| <b>SPECIAL SENSES SYSTEM</b>    |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      |
| Eye                             |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + |                      |
| Leukemia Mononuclear            |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      |
| Harderian Gland                 |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + |                      |
| Adenoma                         |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X |                      |
| Carcinoma                       |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X |                      |
| Lymphoma Malignant              |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | X                    |
| <b>URINARY SYSTEM</b>           |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      |
| Kidney                          |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + |                      |
| Leukemia Mononuclear            |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      |
| Lymphoma Malignant              |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X | X                    |
| Urinary Bladder                 |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + |                      |
| Leukemia Mononuclear            |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | X                    |
| Lymphoma Malignant              |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      |
| <b>SYSTEMIC LESIONS</b>         |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |                      |
| Multiple Organ                  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + |                      |
| Histiocytic Sarcoma             |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X |                      |

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Lab: BAT

|             |  | B6C3F1 MICE FEMALE |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |   |   |   |   |   |   |  |
|-------------|--|--------------------|-----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|---|---|---|---|---|---|--|
|             |  | ANIMAL ID          | 250 mg/kg |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |   |   |   |   |  |
| DAY ON TEST |  |                    | 0         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 | 0 | 0 | 0 | 0 | 0 |  |
|             |  |                    | 5         | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                    | 7 | 7 | 7 | 7 | 7 | 7 |  |
|             |  |                    | 6         | 3 | 0 | 1 | 2 | 2 | 3 | 3 | 3 | 2 | 2 | 2 | 1 | 4 | 2 | 2 | 3 | 9 | 3 | 3                    | 2 | 9 | 3 | 3 | 3 | 3 |  |
|             |  |                    | 1         | 0 | 2 | 8 | 9 | 9 | 0 | 0 | 1 | 9 | 9 | 9 | 0 | 5 | 2 | 9 | 0 | 6 | 1 | 0                    | 2 | 3 | 4 | 1 | 1 |   |  |
|             |  |                    | 0         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 | 0 | 0 | 0 | 0 |   |  |
|             |  |                    | 0         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 | 0 | 0 | 0 | 0 | 0 |  |
|             |  |                    | 2         | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2                    | 2 | 2 | 2 | 2 | 2 | 2 |  |
|             |  |                    | 5         | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7                    | 7 | 7 | 7 | 7 | 7 | 7 |  |
|             |  |                    | 1         | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0                    | 1 | 2 | 3 | 4 | 5 |   |  |

Leukemia Mononuclear

Lymphoma Malignant

X

X

X

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04  
Test Type: CHRONIC  
Route: GAVAGE  
Species/Strain: MICE/B6C3F1

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
Tetrabromobisphenol A  
CAS Number: 79-94-7

Date Report Requested: 01/22/2013  
Time Report Requested: 10:11:10  
First Dose M/F: 08/07/07 / 08/06/07  
Lab: BAT

| B6C3F1 MICE FEMALE                 | 250 mg/kg | DAY ON TEST |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | * TOTALS |   |
|------------------------------------|-----------|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------|---|
|                                    |           |             | 07 | 07 | 07 | 06 | 07 | 06 | 06 | 07 | 07 | 07 | 07 | 06 | 06 | 07 | 07 | 07 | 07 | 05 | 07 | 07 | 07 | 05 | 07 | 07 | 07 | 05       |   |
|                                    |           | ANIMAL ID   | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00       |   |
| Esophagus                          |           |             | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | 50       |   |
| Gallbladder                        |           |             | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | M  | +  | 49       |   |
| Lymphoma Malignant                 |           |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          | 1 |
| Intestine Large, Cecum             |           |             | +  | +  | +  | +  | +  | +  | A  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | X  | +  | +  | +  | +  | A  | +  | +  | 46       |   |
| Leiomyoma                          |           |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          | 1 |
| Intestine Large, Colon             |           |             | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | A  | +  | +  | 48       |   |
| Intestine Large, Rectum            |           |             | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | 50       |   |
| Intestine Small, Duodenum          |           |             | +  | +  | +  | +  | +  | +  | A  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | X  | +  | +  | +  | +  | A  | +  | +  | 46       |   |
| Carcinoma                          |           |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          | 1 |
| Intestine Small, Ileum             |           |             | +  | +  | +  | +  | +  | +  | A  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | A  | +  | +  | 46       |   |
| Peyer's Patch, Lymphoma Malignant  |           |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          | 1 |
| Intestine Small, Jejunum           |           |             | +  | +  | +  | +  | +  | +  | A  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | X  | +  | +  | +  | +  | +  | +  | +  | 47       |   |
| Peyer's Patch, Lymphoma Malignant  |           |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          | 1 |
| Liver                              |           |             | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | 50       |   |
| Hemangiosarcoma                    |           |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          | 1 |
| Hepatocellular Adenoma             |           |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          | 9 |
| Hepatocellular Adenoma, Multiple   |           |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          | 4 |
| Hepatocellular Carcinoma           |           |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          | 3 |
| Hepatocellular Carcinoma, Multiple |           |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          | 1 |
| Histiocytic Sarcoma                |           |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          | 1 |
| Leukemia Mononuclear               |           |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          | 1 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

| B6C3F1 MICE FEMALE<br>250 mg/kg                              | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | * TOTALS |
|--|--------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|----------|
|  |                          | 0<br>7<br>3<br>0 | 0<br>7<br>2<br>9 | 0<br>7<br>1<br>1 | 0<br>6<br>2<br>9 | 0<br>6<br>3<br>1 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>0 | 0<br>7<br>1<br>1 | 0<br>6<br>3<br>6 | 0<br>6<br>5<br>3 | 0<br>7<br>3<br>0 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>5<br>2<br>6 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 |   |          |
| Lymphoma Malignant   |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 3        |
| Squamous Cell Carcinoma, Metastatic,<br>Stomach, Forestomach |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 1        |
| Mesentery  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 8        |
| Leukemia Mononuclear   |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 1        |
| Pancreas   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 49       |
| Leukemia Mononuclear   |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 1        |
| Lymphoma Malignant   |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 1        |
| Salivary Glands  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | +                | +                | +                | +                | +                | + | 48       |
| Lymphoma Malignant   |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 2        |
| Stomach, Forestomach   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50       |
| Lymphoma Malignant   |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 1        |
| Squamous Cell Carcinoma                                      |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 1        |
| Squamous Cell Carcinoma, Multiple                            |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 1        |
| Stomach, Glandular   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50       |
| Lymphoma Malignant   |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 1        |
| Tooth  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 1        |

## CARDIOVASCULAR SYSTEM

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Leukemia Mononuclear |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Heart                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Leukemia Mononuclear |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04  
 Test Type: CHRONIC  
 Route: GAVAGE  
 Species/Strain: MICE/B6C3F1

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Tetrabromobisphenol A  
 CAS Number: 79-94-7

Date Report Requested: 01/22/2013  
 Time Report Requested: 10:11:10  
 First Dose M/F: 08/07/07 / 08/06/07  
 Lab: BAT

| B6C3F1 MICE FEMALE<br>250 mg/kg | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | * TOTALS |    |
|---------------------------------|--------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|----------|----|
|                                 |                          | 0<br>7<br>3<br>0 | 0<br>7<br>2<br>9 | 0<br>7<br>1<br>1 | 0<br>6<br>2<br>9 | 0<br>6<br>3<br>1 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>0 | 0<br>7<br>1<br>1 | 0<br>6<br>3<br>6 | 0<br>6<br>5<br>3 | 0<br>7<br>3<br>0 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>5<br>2<br>6 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 |   |          |    |
| Lymphoma Malignant              |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 1        |    |
| <b>ENDOCRINE SYSTEM</b>         |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          |    |
| Adrenal Cortex                  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50       |    |
| Lymphoma Malignant              |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | 1        |    |
| Adrenal Medulla                 |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50       |    |
| Islets, Pancreatic              |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 49       |    |
| Parathyroid Gland               |                          | M                | +                | +                | M                | +                | +                | +                | +                | +                | +                | +                | +                | M                | +                | +                | +                | +                | +                | +                | M | +        | 41 |
| Pituitary Gland                 |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50       |    |
| Thyroid Gland                   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50       |    |
| <b>GENERAL BODY SYSTEM</b>      |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          |    |
| Peritoneum                      |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | +                |                  |                  |                  |                  |   |          | 1  |
| <b>GENITAL SYSTEM</b>           |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          |    |
| Clitoral Gland                  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50       |    |
| Leukemia Mononuclear            |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |   |          | 1  |
| Ovary                           |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50       |    |
| Leukemia Mononuclear            |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |   |          | 1  |
| Luteoma                         |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          | 1  |
| Lymphoma Malignant              |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |          | 1  |
| Uterus                          |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + | 50       |    |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

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Experiment Number: 20320 - 04

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## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

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First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

|                      |           | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |   |   |
|----------------------|-----------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|---|---|
| B6C3F1 MICE FEMALE   | 250 mg/kg |             | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>7<br>1<br>1      | 0<br>6<br>2<br>9      | 0<br>6<br>3<br>1      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>1<br>1      | 0<br>6<br>3<br>6      | 0<br>6<br>7<br>3      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>5<br>2<br>6      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>1<br>2      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      |          |   |   |
|                      |           | ANIMAL ID   | 0<br>0<br>2<br>7<br>6 | 0<br>0<br>2<br>7<br>7 | 0<br>0<br>2<br>8<br>8 |          |   |   |
| Histiocytic Sarcoma  |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |   |   |
| Leukemia Mononuclear |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X        | 1 |   |
| Lymphoma Malignant   |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1 |   |
| Polyp Stromal        |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | X | 1 |
| Vagina               |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |   | 1 |

## HEMATOPOIETIC SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Bone Marrow  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Lymphoma Malignant                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |   |
| Lymph Node   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + | + | + |   |   |   | 5  |   |
| Bronchial, Leukemia Mononuclear                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 1 |
| Iliac, Leukemia Mononuclear                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 1 |
| Inguinal, Leukemia Mononuclear                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 1 |
| Lumbar, Lymphoma Malignant                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 |
| Mediastinal, Leukemia Mononuclear                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 1 |
| Pancreatic, Histiocytic Sarcoma, Metastatic,<br>Spleen |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 1 |
| Pancreatic, Lymphoma Malignant                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Renal, Lymphoma Malignant                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Lymph Node, Mandibular                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | 48 |   |
| Lymphoma Malignant                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 3 |
| Lymph Node, Mesenteric                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Leukemia Mononuclear                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 1 |
| Lymphoma Malignant                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 3 |
| Spleen   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

| B6C3F1 MICE FEMALE            | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |    | * TOTALS |  |
|-------------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|----|----------|--|
|                               |             | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>7<br>1<br>1      | 0<br>6<br>2<br>9      | 0<br>6<br>3<br>1      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>0      | 0<br>6<br>3<br>6      | 0<br>6<br>5<br>3      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>6<br>3<br>6      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>5<br>2<br>6      | 0<br>7<br>2<br>9      |   |    |          |  |
| 250 mg/kg                     | ANIMAL ID   | 0<br>0<br>2<br>7<br>6 | 0<br>0<br>2<br>7<br>7 | 0<br>0<br>2<br>8<br>0 | 0<br>0<br>2<br>8<br>1 | 0<br>0<br>2<br>8<br>2 | 0<br>0<br>2<br>8<br>3 | 0<br>0<br>2<br>8<br>4 | 0<br>0<br>2<br>8<br>5 | 0<br>0<br>2<br>8<br>6 | 0<br>0<br>2<br>8<br>7 | 0<br>0<br>2<br>8<br>8 | 0<br>0<br>2<br>8<br>8 | 0<br>0<br>2<br>8<br>8 | 0<br>0<br>2<br>8<br>9 | 0<br>0<br>2<br>9<br>0 | 0<br>0<br>2<br>9<br>1 | 0<br>0<br>2<br>9<br>2 | 0<br>0<br>2<br>9<br>3 | 0<br>0<br>2<br>9<br>4 | 0<br>0<br>2<br>9<br>5 | 0<br>0<br>2<br>9<br>6 | 0<br>0<br>2<br>9<br>7 | 0<br>0<br>2<br>9<br>8 | 0<br>0<br>2<br>9<br>9 |   |    |          |  |
| Histiocytic Sarcoma           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X | 1  |          |  |
| Leukemia Mononuclear          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X | 1  |          |  |
| Lymphoma Malignant            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X | 3  |          |  |
| Thymus                        |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X | 50 |          |  |
| Leukemia Mononuclear          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X | 1  |          |  |
| Lymphoma Malignant            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X | 2  |          |  |
| <b>INTEGUMENTARY SYSTEM</b>   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |    |          |  |
| Mammary Gland                 |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   | X  | 50       |  |
| Leukemia Mononuclear          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   | X  | 1        |  |
| Lymphoma Malignant            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   | X  | 1        |  |
| Skin                          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   | X  | 50       |  |
| Fibrous Histiocytoma          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   | X  | 1        |  |
| <b>MUSCULOSKELETAL SYSTEM</b> |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |    |          |  |
| Bone                          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   | X  | 50       |  |
| Osteosarcoma                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   | X  | 1        |  |
| <b>NERVOUS SYSTEM</b>         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |    |          |  |
| Brain                         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   | X  | 50       |  |
| Leukemia Mononuclear          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   | X  | 1        |  |
| <b>RESPIRATORY SYSTEM</b>     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |    |          |  |
| Lung                          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   | X  | 50       |  |
| Alveolar/Bronchiolar Adenoma  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   | X  | 2        |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

|                              |                     | DAY ON TEST | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>7<br>1<br>1      | 0<br>6<br>2<br>9      | 0<br>6<br>3<br>1      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>1<br>1      | 0<br>6<br>6<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>5<br>2<br>6      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>1<br>2      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>5<br>6           |          |  |   |   |
|------------------------------|---------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|--|---|---|
|                              |                     | ANIMAL ID   | 0<br>0<br>2<br>7<br>6 | 0<br>0<br>2<br>7<br>7 | 0<br>0<br>2<br>8<br>8 | * TOTALS |  |   |   |
| B6C3F1 MICE FEMALE           | 250 mg/kg           |             | 0<br>0<br>2<br>7<br>6 | 0<br>0<br>2<br>7<br>7 | 0<br>0<br>2<br>8<br>8 | X                     | 1<br>2                |          |  |   |   |
| Nose                         |                     |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |   |   |
| Trachea                      |                     |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |   |   |
| <b>SPECIAL SENSES SYSTEM</b> |                     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |   |   |
| Eye                          |                     |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |   |   |
| Leukemia Mononuclear         |                     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  | X | 1 |
| Harderian Gland              |                     |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | 49       |  |   |   |
| Adenoma                      |                     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  | X | 6 |
| Carcinoma                    |                     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  | X | 1 |
| Lymphoma Malignant           |                     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |   | 1 |
| <b>URINARY SYSTEM</b>        |                     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |   |   |
| Kidney                       |                     |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |   |   |
| Leukemia Mononuclear         |                     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  | X | 1 |
| Lymphoma Malignant           |                     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |   | 2 |
| Urinary Bladder              |                     |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |   |   |
| Leukemia Mononuclear         |                     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  | X | 1 |
| Lymphoma Malignant           |                     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |   | 1 |
| <b>SYSTEMIC LESIONS</b>      |                     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |   |   |
| Multiple Organ               | Histiocytic Sarcoma |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |   |   |
|                              |                     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  | X | 2 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

|                      |           | DAY ON TEST           | B6C3F1 MICE FEMALE    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|----------------------|-----------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                      |           |                       | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>7<br>1<br>1      | 0<br>6<br>2<br>9      | 0<br>6<br>3<br>1      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>1<br>1      | 0<br>7<br>9<br>9      | 0<br>6<br>6<br>6      | 0<br>7<br>5<br>3      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>5<br>2<br>6      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>1<br>2      | 0<br>7<br>3<br>0      | 0<br>5<br>6           |          |
| 250 mg/kg            | ANIMAL ID | 0<br>0<br>2<br>7<br>6 | 0<br>0<br>2<br>7<br>7 | 0<br>0<br>2<br>7<br>8 | 0<br>0<br>2<br>8<br>8 |          |
|                      |           | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     | 1<br>4   |
| Leukemia Mononuclear |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Lymphoma Malignant   |           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

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Experiment Number: 20320 - 04

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## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

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Lab: BAT

|           | DAY ON TEST | B6C3F1 MICE FEMALE |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | females<br>(cont...) |                      |
|-----------|-------------|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------------|----------------------|
|           |             | 0<br>7             | 0<br>5 | 0<br>7 | 0<br>6 | 0<br>6 | 0<br>5 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>6 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>4 | 0<br>4 | 0<br>7 | 0<br>7 | 0<br>6 | 0<br>7 | 0<br>7 |        |                      |                      |
| 500 mg/kg | ANIMAL ID   | 3<br>0             | 2<br>0 | 3<br>0 | 6<br>9 | 2<br>4 | 5<br>2 | 2<br>9 | 2<br>9 | 3<br>0 | 5<br>9 | 1<br>1 | 9<br>9 | 0<br>0               | females<br>(cont...) |
|           |             | 3<br>3             | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 |                      |                      |
|           |             | 0<br>1             | 0<br>2 | 0<br>3 | 0<br>4 | 0<br>5 | 0<br>6 | 0<br>7 | 0<br>8 | 0<br>9 | 0<br>0 | 1<br>1 | 1<br>2 | 3<br>3 | 4<br>4 | 5<br>5 | 6<br>6 | 7<br>7 | 8<br>8 | 9<br>9 | 0<br>0 | 1<br>1 | 2<br>2 | 2<br>2 | 2<br>2 |                      |                      |
|           |             |                    |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                      |                      |
|           |             |                    |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                      |                      |
|           |             |                    |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                      |                      |
|           |             |                    |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                      |                      |
|           |             |                    |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                      |                      |
|           |             |                    |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                      |                      |
|           |             |                    |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                      |                      |

## ALIMENTARY SYSTEM

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Esophagus                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Gallbladder                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Large, Cecum           | + | A | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + |  |
| Intestine Large, Colon           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Intestine Large, Rectum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Adenoma                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Intestine Small, Duodenum        | + | A | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | A | A | A | A | + | + | A | + | + |  |
| Intestine Small, Ileum           | + | A | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | A | + | + | + | + |  |
| Intestine Small, Jejunum         | + | A | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | A | + | A | + | + | + | + | + | + |  |
| Liver                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + |  |
| Hemangioma                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |  |
| Hepatocellular Adenoma           | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |  |
| Hepatocellular Adenoma, Multiple |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |  |
| Hepatocellular Carcinoma         |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |  |
| Lymphoma Malignant               |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | X |   |   |   |   |  |
| Mesentery                        |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |  |
| Pancreas                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04  
 Test Type: CHRONIC  
 Route: GAVAGE  
 Species/Strain: MICE/B6C3F1

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Tetrabromobisphenol A  
 CAS Number: 79-94-7

Date Report Requested: 01/22/2013  
 Time Report Requested: 10:11:10  
 First Dose M/F: 08/07/07 / 08/06/07  
 Lab: BAT

| B6C3F1 MICE FEMALE   | 500 mg/kg | DAY ON TEST | ANIMAL ID | females<br>(cont...) |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
|--|-----------|-------------|-----------|----------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
|  |           |             |           | 07                   | 05 | 07 | 06 | 06 | 05 | 07 | 07 | 06 | 07 | 07 | 07 | 07 | 07 | 04 | 04 | 07 | 07 | 06 | 07 | 07 | 07 | 07 | 07 |  |
|  |           |             |           | 30                   | 20 | 30 | 09 | 42 | 29 | 29 | 00 | 91 | 29 | 00 | 00 | 00 | 01 | 00 | 06 | 08 | 00 | 00 | 00 | 00 | 00 | 00 | 00 |  |
|  |           |             |           | 01                   | 22 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 |  |
|  |           |             |           | 10                   | 20 | 30 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 |  |
|  |           |             |           | 01                   | 22 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 |  |
| Salivary Glands  |           |             |           | +                    | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  |  |
| Stomach, Forestomach   |           |             |           | +                    | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  |  |
| Stomach, Glandular   |           |             |           | +                    | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  |  |
| Tooth  |           |             |           |                      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| <b>CARDIOVASCULAR SYSTEM</b>                                   |           |             |           |                      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Blood Vessel   |           |             |           | +                    | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  |  |
| Heart  |           |             |           | +                    | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  |  |
| <b>ENDOCRINE SYSTEM</b>  |           |             |           |                      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Adrenal Cortex   |           |             |           | +                    | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  |  |
| Adrenal Medulla  |           |             |           | +                    | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  |  |
| Islets, Pancreatic   |           |             |           | +                    | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  |  |
| Parathyroid Gland  |           |             |           | +                    | M  | +  | +  | +  | +  | +  | M  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | M  | +  | M  |  |
| Pituitary Gland<br>Pars Intermedia, Adenoma                    |           |             |           | +                    | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  |  |
| Thyroid Gland<br>C-cell, Carcinoma<br>Follicular Cell, Adenoma |           |             |           | +                    | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

| B6C3F1 MICE FEMALE | 500 mg/kg | ANIMAL ID | DAY ON TEST |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | females<br>(cont...) |
|--------------------|-----------|-----------|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------------|
|                    |           |           | 07          | 05 | 07 | 06 | 06 | 05 | 07 | 07 | 07 | 06 | 07 | 07 | 07 | 07 | 07 | 07 | 04 | 04 | 07 | 07 | 07 | 06 | 07 | 07 |                      |
|                    |           |           | 30          | 20 | 00 | 90 | 40 | 22 | 92 | 90 | 10 | 91 | 90 | 00 | 00 | 00 | 00 | 00 | 00 | 06 | 08 | 02 | 03 | 09 | 01 | 29 | 19                   |
|                    |           |           | 01          | 22 | 03 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 25                   |

## GENERAL BODY SYSTEM

NONE

## GENITAL SYSTEM

Clitoral Gland

+ +

Ovary

+ +

Cystadenoma

X

Granulosa Cell Tumor Malignant

Oviduct

+

Uterus

+ +

Polyp Stromal

X

Sarcoma Stromal

X

## HEMATOPOIETIC SYSTEM

Bone Marrow

+ +

Lymph Node

+

Pancreatic, Granulosa Cell Tumor Malignant,  
Metastatic, Ovary

X

Lymph Node, Mandibular  
Lymphoma Malignant

+ +

Lymph Node, Mesenteric  
Lymphoma Malignant

+ +

X

X

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue

Experiment Number: 20320 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Date Report Requested: 01/22/2013

Test Type: CHRONIC

Tetrabromobisphenol A

Time Report Requested: 10:11:10

Route: Gavage

CAS Number: 79-94-7

First Dose M/F: 08/07/07 / 08/06/07

Species/Strain: MICE/B6C3F1

Lab: BAT

|  |   | DAY ON TEST | B6C3F1 MICE FEMALE<br>500 mg/kg |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   | females<br>(cont...) |
|--|---|-------------|---------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|---|----------------------|
|  |   |             | ANIMAL ID                       | 0730 | 0520 | 0730 | 0620 | 0520 | 0730 | 0620 | 0730 | 0620 | 0730 | 0620 | 0730 | 0620 | 0730 | 0620 | 0730 | 0620 | 0730 | 0620 | 0730 | 0620 | 0730 | 0620 |   |                      |
| Spleen                                 | + | +           | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | X |                      |
| Lymphoma Malignant                     |   |             |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |                      |
| Thymus                                 | + | +           | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | M    | +    |   |                      |
| <b>INTEGUMENTARY SYSTEM</b>            |   |             |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |                      |
| Mammary Gland                          | + | +           | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |   |                      |
| Fibroadenoma                           |   |             |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |                      |
| Skin                                   | + | +           | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |   |                      |
| Schwannoma Malignant                   |   |             |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |                      |
| <b>MUSCULOSKELETAL SYSTEM</b>          |   |             |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |                      |
| Bone                                   | + | +           | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |   |                      |
| <b>NERVOUS SYSTEM</b>                  |   |             |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |                      |
| Brain                                  | + | +           | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |   |                      |
| <b>RESPIRATORY SYSTEM</b>              |   |             |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |                      |
| Lung                                   | + | +           | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |   |                      |
| Alveolar/Bronchiolar Adenoma           |   |             |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |                      |
| Lymphoma Malignant                     |   |             |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |                      |
| Schwannoma Malignant, Metastatic, Skin |   |             |                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |                      |
| Nose                                   | + | +           | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |   |                      |
| Trachea                                | + | +           | +                               | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |   |                      |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

| B6C3F1 MICE FEMALE | 500 mg/kg | ANIMAL ID | DAY ON TEST                |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | females<br>(cont...) |
|--------------------|-----------|-----------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------|
|                    |           |           | 0<br>7<br>3<br>0           | 0<br>5<br>2<br>0           | 0<br>7<br>3<br>0           | 0<br>6<br>5<br>9           | 0<br>2<br>5<br>4           | 0<br>5<br>2<br>2           | 0<br>7<br>2<br>9           | 0<br>7<br>3<br>0           | 0<br>6<br>9<br>1           | 0<br>7<br>2<br>9           | 0<br>7<br>3<br>0           | 0<br>7<br>3<br>0           | 0<br>7<br>3<br>0           | 0<br>4<br>8<br>1           | 0<br>4<br>8<br>0           | 0<br>2<br>6<br>1           | 0<br>7<br>8<br>0           | 0<br>7<br>3<br>9           | 0<br>6<br>9<br>1           | 0<br>7<br>2<br>9           |                      |
|                    |           |           | 0<br>0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>0<br>2 | 0<br>0<br>0<br>0<br>0<br>3 | 0<br>0<br>0<br>0<br>0<br>4 | 0<br>0<br>0<br>0<br>0<br>5 | 0<br>0<br>0<br>0<br>0<br>6 | 0<br>0<br>0<br>0<br>0<br>7 | 0<br>0<br>0<br>0<br>0<br>8 | 0<br>0<br>0<br>0<br>0<br>9 | 0<br>0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>0<br>2 | 0<br>0<br>0<br>0<br>0<br>3 | 0<br>0<br>0<br>0<br>0<br>4 | 0<br>0<br>0<br>0<br>0<br>5 | 0<br>0<br>0<br>0<br>0<br>6 | 0<br>0<br>0<br>0<br>0<br>7 | 0<br>0<br>0<br>0<br>0<br>8 | 0<br>0<br>0<br>0<br>0<br>9 | 0<br>0<br>0<br>0<br>0<br>0 |                      |

## SPECIAL SENSES SYSTEM

Eye

+ +

Harderian Gland

+ +

Adenoma

X

Carcinoma

X

## URINARY SYSTEM

Kidney  
Lymphoma Malignant+  
X X

Urinary Bladder

+ +

## SYSTEMIC LESIONS

Multiple Organ  
Lymphoma Malignant+  
X X

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**Experiment Number:** 20320 - 04

**Test Type: CHRONIC**

## **Route: GAVAGE**

**Species/Strain:** MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

## Tetrabromobisphenol A

CAS Number: 79-94-7

**Date Report Requested:** 01/22/2013

**Time Report Requested:** 10:11:10

**First Dose M/F:** 08/07/07 / 08/06/07

## Lab: BAT

# ALIMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

### I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

| B6C3F1 MICE FEMALE<br>500 mg/kg                                | DAY ON TEST<br>ANIMAL ID |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS |    |
|--|--------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|----|
|  |                          | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>0 | 0<br>6<br>3<br>8 | 0<br>4<br>8<br>7 | 0<br>7<br>3<br>0 | 0<br>6<br>8<br>0 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>4 | 0<br>6<br>9<br>4 | 0<br>7<br>3<br>1 | 0<br>7<br>2<br>9 |          |    |
| Salivary Glands  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |    |
| Stomach, Forestomach   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |    |
| Stomach, Glandular   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |    |
| Tooth  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1        |    |
| <b>CARDIOVASCULAR SYSTEM</b>                                   |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |    |
| Blood Vessel   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 49       |    |
| Heart  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |    |
| <b>ENDOCRINE SYSTEM</b>  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          |    |
| Adrenal Cortex   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 49       |    |
| Adrenal Medulla  |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 49       |    |
| Islets, Pancreatic   |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |    |
| Parathyroid Gland  |                          | M                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | M                | +                | M                | +                | +                | +                | M                | +        | 42 |
| Pituitary Gland<br>Pars Intermedia, Adenoma                    |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +        | 50 |
|  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1        |    |
| Thyroid Gland<br>C-cell, Carcinoma<br>Follicular Cell, Adenoma |                          | +                | +                | +                | +                | +                | +                | +                | +                | +                | X                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 50       |    |
|  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1        |    |
|  |                          |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1        |    |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

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BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

|                    |   | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | DAY ON TEST |   |   |
|--------------------|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------------|---|---|
|                    |   | ANIMAL ID   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | ANIMAL ID   |   |   |
| B6C3F1 MICE FEMALE |   | 500 mg/kg   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS    |   |   |
| 0                  | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0           | 0 | 0 |
| 7                  | 7 | 7           | 7 | 7 | 7 | 7 | 6 | 4 | 7 | 7 | 7 | 6 | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7           | 7 | 7 |
| 2                  | 2 | 3           | 2 | 3 | 3 | 3 | 3 | 8 | 3 | 3 | 3 | 8 | 3 | 2 | 4 | 3 | 0 | 2 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3           | 2 | 3 |
| 9                  | 9 | 1           | 9 | 1 | 0 | 8 | 7 | 0 | 1 | 1 | 8 | 0 | 9 | 4 | 1 | 9 | 2 | 9 | 0 | 2 | 9 | 0 | 2 | 9 | 0 | 2           | 9 | 0 |
| 0                  | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0           | 0 | 0 |
| 0                  | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0           | 0 | 0 |
| 3                  | 3 | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3           | 3 | 3 |
| 2                  | 2 | 2           | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4           | 4 | 5 |
| 6                  | 7 | 8           | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2           | 3 |   |

## GENERAL BODY SYSTEM

NONE

## GENITAL SYSTEM

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Clitoral Gland                 | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |   |
| Ovary                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Cystadenoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |    | 1 |
| Granulosa Cell Tumor Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Oviduct                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Uterus                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Polyp Stromal                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Sarcoma Stromal                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |

## HEMATOPOIETIC SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Bone Marrow                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Lymph Node                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |    | 3 |
| Pancreatic, Granulosa Cell Tumor Malignant, |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Metastatic, Ovary                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Lymph Node, Mandibular                      | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | M | + | + | + | + | + | + | + | + | 48 |   |
| Lymphoma Malignant                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Lymph Node, Mesenteric                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Lymphoma Malignant                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |    | 3 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**Experiment Number:** 20320 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 01/22/2013

**Test Type: CHRONIC**

## **Route: GAVAGE**

**Species/Strain:** MICE/B6C3F1

## Tetrabromobisphenol A

CAS Number: 79-94-7

**Time Report Requested:** 10:11:10

**First Dose M/F:** 08/07/07 / 08/06/07

Lab: BAT

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

#### I .. Insufficient tissue

M .. Missing tissue

#### A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04  
 Test Type: CHRONIC  
 Route: GAVAGE  
 Species/Strain: MICE/B6C3F1

P04: NEOPLASMS BY INDIVIDUAL ANIMAL  
 Tetrabromobisphenol A  
 CAS Number: 79-94-7

Date Report Requested: 01/22/2013  
 Time Report Requested: 10:11:10  
 First Dose M/F: 08/07/07 / 08/06/07  
 Lab: BAT

|  |  | DAY ON TEST | B6C3F1 MICE FEMALE |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | * TOTALS |    |
|--|--|-------------|--------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------|----|
|  |  |             | 07                 | 07 | 07 | 07 | 07 | 06 | 04 | 07 | 07 | 07 | 06 | 07 | 07 | 06 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 |          |    |
|  |  | 29          | 29                 | 29 | 29 | 29 | 29 | 28 | 27 | 27 | 27 | 27 | 28 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29       |    |
|  |  | ANIMAL ID   | 00                 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00       |    |
|  |  | 33          | 33                 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33       |    |
|  |  | 22          | 22                 | 22 | 22 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23       | 23 |
|  |  | 66          | 77                 | 88 | 99 | 00 | 11 | 22 | 33 | 44 | 55 | 66 | 77 | 88 | 99 | 00 | 11 | 22 | 33 | 44 | 55 | 66 | 77 | 88 | 99 | 00 | 00       |    |
|  |  |             |                    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |

### SPECIAL SENSES SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Eye             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adenoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | 3  |
| Carcinoma       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | 2  |

### URINARY SYSTEM

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Kidney             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymphoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | 3  |
| Urinary Bladder    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

### SYSTEMIC LESIONS

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymphoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | 4  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**Experiment Number:** 20320 - 04

**Test Type: CHRONIC**

## **Route: GAVAGE**

**Species/Strain:** MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

## Tetrabromobisphenol A

CAS Number: 79-94-7

**Date Report Requested:** 01/22/2013

**Time Report Requested:** 10:11:10

**First Dose M/F:** 08/07/07 / 08/06/07

## Lab: BAT

| DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|
|             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
| 3           | 2 | 4 | 4 | 6 | 3 | 3 | 3 | 6 | 5 | 6 | 2 | 1 | 6 | 2 | 6 | 3 | 2 | 3 | 5 | 2 | 0                    |
| 5           | 3 | 3 | 3 | 8 | 4 | 3 | 4 | 7 | 3 | 1 | 3 | 4 | 7 | 6 | 2 | 7 | 6 | 3 | 4 | 2 | 1                    |
| 4           | 1 | 3 | 0 | 2 | 4 | 9 | 7 | 3 | 1 | 3 | 4 | 7 | 6 | 2 | 7 | 6 | 3 | 4 | 2 | 1 | 0                    |
| ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |
|             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |
| 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3                    |
| 5           | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7                    |
| 1           | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2                    |

# ALIMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

#### I .. Insufficient tissue

M .. Missing tissue

#### A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

|                       |           | DAY ON TEST | B6C3F1 MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |      |   |  |
|-----------------------|-----------|-------------|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|------|---|--|
|                       |           |             | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |      |   |  |
| 1000 mg/kg            | ANIMAL ID | 3           | 2                  | 4 | 4 | 6 | 3 | 3 | 3 | 6 | 5 | 6 | 2 | 1 | 6 | 2 | 6 | 3 | 2 | 3 | 0 | 5 | 2 | 3 | 3 | 3 | 5                    | 4    |   |  |
|                       |           | 5           | 3                  | 3 | 3 | 8 | 4 | 3 | 4 | 4 | 3 | 3 | 3 | 4 | 5 | 4 | 2 | 8 | 2 | 7 | 3 | 3 | 4 | 1 | 2 | 5 | 6                    | 3    | 4 |  |
| CARDIOVASCULAR SYSTEM |           |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |      |   |  |
| Blood Vessel          |           |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |      |   |  |
| Heart                 |           |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |      |   |  |
| ENDOCRINE SYSTEM      |           |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |      |   |  |
| Adrenal Cortex        |           |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |      |   |  |
| Adrenal Medulla       |           |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |      |   |  |
| Islets, Pancreatic    |           |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |      |   |  |
| Parathyroid Gland     |           |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |      |   |  |
| Pituitary Gland       |           |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |      |   |  |
| Thyroid Gland         |           |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |      |   |  |
| GENERAL BODY SYSTEM   |           |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      | NONE |   |  |
| GENITAL SYSTEM        |           |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | M                    |      |   |  |
| Clitoral Gland        |           |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      | M    |   |  |
| Ovary                 |           |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      | M    |   |  |
| Cystadenoma           |           |             |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      | M    |   |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

|                               |           | B6C3F1 MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |                      |  |
|-------------------------------|-----------|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|----------------------|--|
| 1000 mg/kg                    | ANIMAL ID | DAY ON TEST        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      | females<br>(cont...) |  |
|                               |           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |                      |  |
|                               |           | 3                  | 2 | 4 | 4 | 6 | 3 | 3 | 3 | 6 | 5 | 6 | 2 | 1 | 6 | 2 | 6 | 3 | 2 | 3 | 0 |                      |                      |  |
|                               |           | 5                  | 3 | 3 | 3 | 8 | 4 | 3 | 4 | 4 | 3 | 3 | 3 | 5 | 4 | 2 | 8 | 2 | 7 | 7 | 3 | 4                    |                      |  |
|                               |           | 4                  | 1 | 3 | 0 | 2 | 4 | 9 | 7 | 3 | 1 | 3 | 3 | 4 | 7 | 6 | 7 | 1 | 5 | 2 | 1 | 4                    |                      |  |
|                               |           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |                      |  |
|                               |           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |                      |  |
|                               |           | 3                  | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3                    |                      |  |
|                               |           | 5                  | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7                    |                      |  |
|                               |           | 1                  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1                    |                      |  |
| Uterus                        |           |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |                      |  |
| <b>HEMATOPOIETIC SYSTEM</b>   |           |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |                      |  |
| Bone Marrow                   |           |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |                      |  |
| Lymph Node                    |           |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |                      |  |
| Lymph Node, Mandibular        |           |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |                      |  |
| Lymph Node, Mesenteric        |           |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |                      |  |
| Spleen                        |           |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |                      |  |
| Thymus                        |           |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |                      |  |
| <b>INTEGUMENTARY SYSTEM</b>   |           |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |                      |  |
| Mammary Gland                 |           |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |                      |  |
| Skin                          |           |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |                      |  |
| Squamous Cell Papilloma       |           |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |                      |  |
| Subcutaneous Tissue, Sarcoma  |           |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |                      |  |
| X                             |           |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |                      |  |
| <b>MUSCULOSKELETAL SYSTEM</b> |           |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |                      |  |
| Bone                          |           |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |                      |  |
| <b>NERVOUS SYSTEM</b>         |           |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |                      |  |
| Brain                         |           |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |                      |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

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A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

|                    |            | DAY ON TEST | 0<br>3<br>5<br>4      | 0<br>2<br>3<br>1      | 0<br>4<br>3<br>0      | 0<br>6<br>8<br>2      | 0<br>3<br>4<br>9      | 0<br>6<br>4<br>3      | 0<br>5<br>3<br>1 | 0<br>6<br>3<br>3      | 0<br>2<br>5<br>4      | 0<br>1<br>4<br>7      | 0<br>6<br>2<br>7      | 0<br>3<br>8<br>1      | 0<br>3<br>2<br>5      | 0<br>5<br>3<br>4      | 0<br>2<br>1<br>2      | 0<br>3<br>5<br>4      | 0<br>3<br>6<br>9      | 0<br>3<br>2<br>9 | 0<br>5<br>4<br>2      |                       |                       |                       |                      |
|--------------------|------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------|
|                    |            | ANIMAL ID   | 0<br>0<br>3<br>5<br>1 | 0<br>0<br>3<br>5<br>2 | 0<br>0<br>3<br>5<br>4 | 0<br>0<br>3<br>5<br>6 | 0<br>0<br>3<br>5<br>7 | 0<br>0<br>3<br>5<br>8 | 0<br>0<br>1<br>0 | 0<br>0<br>3<br>6<br>1 | 0<br>0<br>6<br>2<br>2 | 0<br>0<br>6<br>3<br>3 | 0<br>0<br>6<br>4<br>4 | 0<br>0<br>6<br>5<br>5 | 0<br>0<br>6<br>6<br>6 | 0<br>0<br>6<br>6<br>7 | 0<br>0<br>6<br>6<br>8 | 0<br>0<br>6<br>6<br>9 | 0<br>0<br>6<br>7<br>0 | 0<br>0<br>7<br>1 | 0<br>0<br>7<br>2<br>1 | 0<br>0<br>7<br>2<br>2 | 0<br>0<br>7<br>3<br>3 | 0<br>0<br>7<br>3<br>4 | females<br>(cont...) |
| B6C3F1 MICE FEMALE | 1000 mg/kg |             |                       |                       |                       |                       |                       |                       |                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                  |                       |                       |                       |                       |                      |

## RESPIRATORY SYSTEM

Lung

+ +

Nose

+ +

Trachea

+ +

## SPECIAL SENSES SYSTEM

Eye

+ +

Harderian Gland  
Adenoma

+ +

## URINARY SYSTEM

Kidney  
Lymphoma Malignant

+ +

Urinary Bladder

+ +

## SYSTEMIC LESIONS

Multiple Organ  
Lymphoma Malignant

+ +

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

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 Lab: BAT

| B6C3F1 MICE FEMALE        | 1000 mg/kg | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |      |      |      |      |   |   |
|---------------------------|------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|------|------|------|------|---|---|
|                           |            |             | 0221 | 0651 | 0531 | 0232 | 0302 | 0527 | 0322 | 0374 | 0400 | 0206 | 0408 | 0306 | 0129 | 0407 | 0308 | 0203 | 0301 | 0207 | 0308 | 0201 | 0506     | 0705 | 0205 | 0401 | 0501 |   |   |
| ANIMAL ID                 | 0033       | 0033        | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033 | 0033     | 0033 | 0033 | 0033 | 0033 |   |   |
| Esophagus                 |            |             | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    | +    | 50   |   |   |
| Gallbladder               |            |             | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    | +    | 50   |   |   |
| Intestine Large, Cecum    |            |             | A    | +    | A    | A    | A    | +    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A        | A    | A    | A    | 21   |   |   |
| Intestine Large, Colon    |            |             | +    | +    | +    | +    | +    | +    | A    | A    | A    | A    | +    | +    | +    | +    | +    | +    | +    | +    | +    | A    | +        | +    | +    | +    | 43   |   |   |
| Intestine Large, Rectum   |            |             | +    | +    | +    | +    | +    | +    | A    | A    | A    | A    | +    | +    | +    | +    | +    | +    | +    | +    | +    | A    | A        | +    | +    | +    | 41   |   |   |
| Intestine Small, Duodenum |            |             | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A        | A    | A    | A    | 18   |   |   |
| Intestine Small, Ileum    |            |             | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A        | A    | A    | A    | 19   |   |   |
| Intestine Small, Jejunum  |            |             | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A        | A    | A    | A    | 18   |   |   |
| Liver                     |            |             | +    | +    | +    | +    | +    | +    | A    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    | +    | 49   |   |   |
| Hepatocellular Adenoma    |            |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |      |      | 1 |   |
| Hepatocellular Carcinoma  |            |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |      |      | X | 1 |
| Lymphoma Malignant        |            |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |      |      | X | 1 |
| Pancreas                  |            |             | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    | +    | 50   |   |   |
| Salivary Glands           |            |             | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    | +    | 50   |   |   |
| Stomach, Forestomach      |            |             | +    | +    | +    | +    | +    | +    | A    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | A    | +        | +    | +    | 48   |      |   |   |
| Stomach, Glandular        |            |             | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | +    | +    | 50   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

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## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

|            |   | DAY ON TEST | B6C3F1 MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |   |   |   |   |
|------------|---|-------------|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|---|---|---|---|
| 1000 mg/kg |   |             | ANIMAL ID          | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 | 0 | 0 | 0 |
| 0          | 6 | 5           | 2                  | 3 | 5 | 3 | 3 | 3 | 4 | 2 | 4 | 3 | 1 | 4 | 3 | 2 | 7 | 7 | 2 | 7 | 2 | 1 | 5        | 7 | 0 | 0 |   |
| 2          | 5 | 3           | 9                  | 0 | 2 | 0 | 6 | 7 | 4 | 5 | 8 | 8 | 2 | 8 | 1 | 3 | 3 | 1 | 7 | 3 | 7 | 3 | 0        | 8 | 4 | 3 |   |
| 2          | 5 | 1           | 1                  | 2 | 7 | 2 | 7 | 4 | 0 | 0 | 6 | 8 | 9 | 7 | 8 | 3 | 1 | 1 | 8 | 1 | 6 | 5 | 5        | 1 | 0 | 0 |   |
| 1          | 5 | 1           | 1                  | 2 | 7 | 2 | 7 | 4 | 0 | 0 | 6 | 8 | 9 | 7 | 8 | 3 | 1 | 1 | 8 | 1 | 6 | 5 | 5        | 1 | 0 | 0 |   |
| 0          | 0 | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 | 0 | 0 |   |
| 0          | 0 | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 | 0 | 0 |   |
| 3          | 3 | 3           | 3                  | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3        | 3 | 3 | 4 |   |
| 7          | 7 | 7           | 7                  | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9        | 9 | 9 | 0 |   |
| 6          | 7 | 8           | 9                  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9        | 9 | 0 |   |   |

## CARDIOVASCULAR SYSTEM

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Heart        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

## ENDOCRINE SYSTEM

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Adrenal Medulla    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Islets, Pancreatic | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Parathyroid Gland  | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | M | + | + | + | + | + | + | + | 43 |
| Pituitary Gland    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Thyroid Gland      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

## GENERAL BODY SYSTEM

NONE

## GENITAL SYSTEM

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Clitoral Gland       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Ovary<br>Cystadenoma | + | + | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | 47 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

X

Experiment Number: 20320 - 04

Test Type: CHRONIC

Route: GAVAGE

Species/Strain: MICE/B6C3F1

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Tetrabromobisphenol A

CAS Number: 79-94-7

Date Report Requested: 01/22/2013

Time Report Requested: 10:11:10

First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

| B6C3F1 MICE FEMALE            | DAY ON TEST |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |   |   |   |    |    | * TOTALS |   |
|-------------------------------|-------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|---|---|----|----|----------|---|
|                               |             | 0<br>2<br>2<br>2<br>1           | 0<br>6<br>5<br>3<br>1           | 0<br>5<br>2<br>9<br>1           | 0<br>3<br>0<br>2<br>2           | 0<br>3<br>6<br>7<br>7           | 0<br>3<br>4<br>4<br>4           | 0<br>2<br>5<br>8<br>0           | 0<br>4<br>8<br>8<br>6           | 0<br>1<br>2<br>8<br>8           | 0<br>4<br>3<br>1<br>7           | 0<br>3<br>2<br>3<br>1           | 0<br>7<br>7<br>3<br>1           | 0<br>2<br>2<br>7<br>8           | 0<br>7<br>7<br>3<br>1           | 0<br>2<br>1<br>8<br>6           | 0<br>5<br>4<br>5<br>5           | 0<br>7<br>3<br>5<br>1           |                                 |                                 |                                 |                                 |   |   |   |    |    |          |   |
| 1000 mg/kg                    | ANIMAL ID   | 0<br>0<br>0<br>3<br>3<br>7<br>6 | 0<br>0<br>0<br>3<br>3<br>7<br>7 | 0<br>0<br>0<br>3<br>3<br>8<br>8 | 0<br>0<br>0<br>3<br>3<br>8<br>8 | 0<br>0<br>0<br>3<br>3<br>8<br>8 | 0<br>0<br>0<br>3<br>3<br>8<br>8 | 0<br>0<br>0<br>3<br>3<br>8<br>8 | 0<br>0<br>0<br>3<br>3<br>8<br>8 | 0<br>0<br>0<br>3<br>3<br>8<br>9 | 0<br>0<br>0<br>3<br>3<br>9<br>9 |   |   |   |    |    |          |   |
| Uterus                        |             | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | + | + | + | +  | 50 |          |   |
| <b>HEMATOPOIETIC SYSTEM</b>   |             |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |   |   |   |    |    |          |   |
| Bone Marrow                   |             | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | + | + | + | +  | 50 |          |   |
| Lymph Node                    |             |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |   |   |   |    |    |          | 1 |
| Lymph Node, Mandibular        |             | +                               | +                               | +                               | +                               | M                               | +                               | M                               | +                               | +                               | +                               | M                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | M | + | + | +  | 46 |          |   |
| Lymph Node, Mesenteric        |             | +                               | +                               | +                               | +                               | M                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | M                               | + | + | + | 47 |    |          |   |
| Spleen                        |             | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | + | + | + | +  | 50 |          |   |
| Thymus                        |             | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | + | + | + | +  | 50 |          |   |
| <b>INTEGUMENTARY SYSTEM</b>   |             |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |   |   |   |    |    |          |   |
| Mammary Gland                 |             | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | + | + | + | +  | 50 |          |   |
| Skin                          |             | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | + | + | + | +  | 50 |          |   |
| Squamous Cell Papilloma       |             |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |   |   |   |    |    |          | 1 |
| Subcutaneous Tissue, Sarcoma  |             |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |   |   |   |    |    |          | 1 |
| X                             |             |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |   |   |   |    |    |          |   |
| <b>MUSCULOSKELETAL SYSTEM</b> |             |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |   |   |   |    |    |          |   |
| Bone                          |             | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | + | + | + | +  | 50 |          |   |
| <b>NERVOUS SYSTEM</b>         |             |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |   |   |   |    |    |          |   |
| Brain                         |             | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | + | + | + | +  | 50 |          |   |

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First Dose M/F: 08/07/07 / 08/06/07

Lab: BAT

|                                      |            | DAY ON TEST | 0<br>2<br>2<br>1           | 0<br>6<br>5<br>5           | 0<br>5<br>3<br>3           | 0<br>3<br>2<br>2           | 0<br>3<br>6<br>7           | 0<br>3<br>4<br>4           | 0<br>2<br>4<br>0           | 0<br>4<br>3<br>6           | 0<br>1<br>2<br>9           | 0<br>4<br>8<br>7           | 0<br>3<br>3<br>7           | 0<br>2<br>3<br>3           | 0<br>2<br>3<br>1           | 0<br>7<br>7<br>1           | 0<br>2<br>7<br>8           | 0<br>2<br>0<br>6           | 0<br>1<br>5<br>5           | 0<br>5<br>4<br>5           | 0<br>7<br>3<br>1           |          |   |    |
|--------------------------------------|------------|-------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------|---|----|
|                                      |            | ANIMAL ID   | 0<br>0<br>0<br>3<br>7<br>6 | 0<br>0<br>0<br>3<br>7<br>7 | 0<br>0<br>0<br>3<br>8<br>8 | 0<br>0<br>0<br>3<br>8<br>9 | 0<br>0<br>0<br>3<br>8<br>2 | 0<br>0<br>0<br>3<br>8<br>3 | 0<br>0<br>0<br>3<br>8<br>4 | 0<br>0<br>0<br>3<br>8<br>5 | 0<br>0<br>0<br>3<br>8<br>6 | 0<br>0<br>0<br>3<br>8<br>7 | 0<br>0<br>0<br>3<br>8<br>8 | 0<br>0<br>0<br>3<br>8<br>9 | 0<br>0<br>0<br>3<br>9<br>9 | * TOTALS |   |    |
| B6C3F1 MICE FEMALE                   | 1000 mg/kg |             | 0<br>2<br>2<br>1           | 0<br>6<br>5<br>5           | 0<br>5<br>3<br>3           | 0<br>3<br>2<br>2           | 0<br>3<br>6<br>7           | 0<br>3<br>4<br>4           | 0<br>2<br>4<br>0           | 0<br>4<br>3<br>6           | 0<br>1<br>2<br>9           | 0<br>4<br>8<br>7           | 0<br>3<br>3<br>7           | 0<br>2<br>3<br>3           | 0<br>2<br>3<br>1           | 0<br>7<br>7<br>1           | 0<br>2<br>7<br>8           | 0<br>2<br>0<br>6           | 0<br>1<br>5<br>5           | 0<br>5<br>4<br>5           | 0<br>7<br>3<br>1           |          |   |    |
| RESPIRATORY SYSTEM                   |            |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |          |   |    |
| Lung                                 |            |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +        | + | 50 |
| Nose                                 |            |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +        | + | 50 |
| Trachea                              |            |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +        | + | 50 |
| SPECIAL SENSES SYSTEM                |            |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |          |   |    |
| Eye                                  |            |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +        | + | 50 |
| Harderian Gland<br>Adenoma           |            |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +        | + | 50 |
| X                                    |            |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |          |   | 1  |
| URINARY SYSTEM                       |            |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |          |   |    |
| Kidney<br>Lymphoma Malignant         |            |             | +                          | +                          | +                          | +                          | A                          | +                          | A                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | A        | + | 47 |
| Urinary Bladder                      |            |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +        | + | 1  |
| SYSTEMIC LESIONS                     |            |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |          |   |    |
| Multiple Organ<br>Lymphoma Malignant |            |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +        | + | 50 |
| X                                    |            |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |          |   | 1  |

\*\*\* END OF REPORT \*\*\*

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically